



APPLICATION FOR APPROVAL OF A MAINTENANCE ORGANIZATION

1. NAME OF APPLICANT		3. TYPE OF APPLICATION <input type="checkbox"/> INITIAL <input type="checkbox"/> AMENDMENT <input type="checkbox"/> RENEWAL																					
2. ADDRESS		4. APPROVAL NUMBER																					
	POSTAL – CODE	TELEPHONE NO.	FAX NO.																				
5. RATINGS <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> PROPELLERS <input type="checkbox"/> AVIONICS <input type="checkbox"/> STRUCTURES <input type="checkbox"/> COMPONENTS <input type="checkbox"/> WELDING <input type="checkbox"/> ENGINES <input type="checkbox"/> OTHER <input type="checkbox"/> NONDESTRUCTIVE TESTING		6. ADDITIONAL DETAILS REGARDING RATINGS REQUESTED (FOR AIRCRAFT, SPECIFY TYPE)																					
7. MANAGEMENT PERSONNEL NAME (C.V) - ATTACH RESUMES ACCOUNTABLE MANAGER _____ QUALITY MANAGER _____ PRODUCTION MANAGER _____		8. MAINTENANCE PERSONNEL (NUMBERS) LICENSED TECHNICIANS _____ TECHNICIANS _____ TECHNICAL SUPPORT _____																					
9. DECLARATION : THE ABOVE INFORMATION AND THAT CONTAINED IN THE MAINTENANCE ORGANIZATION EXPOSITION MANUAL AND OTHER SUPPORTING DOCUMENTATIONS IS AN ACCURATE DESCRIPTION OF THE ORGANIZATION.																							
CORRESPONDENCE IS REQUESTED IN <input type="checkbox"/> ARABIC <input type="checkbox"/> ENGLISH																							
NAME AND TITLE OF PERSON AUTHORIZED TO SIGN ON BEHALF OF THE ORGANIZATION			DATE																				
DGCA USE ONLY																							
10. EVALUATION OF PROPOSED MAINTENANCE CONTROL SYSTEM <input type="checkbox"/> MAINTENANCE CONTROL MANUAL <input type="checkbox"/> MANAGEMENT PERSONNEL <input type="checkbox"/> MAINTENANCE PERSONNEL <input type="checkbox"/> QUALITY SYSTEM <input type="checkbox"/> TRAINING PROGRAM <input type="checkbox"/> FACILITIES <input type="checkbox"/> EQUIPMENT <input type="checkbox"/> SUB CONTRACTS THE PROPOSED MAINTENANCE CONTROL MEETS THE REQUIREMENTS OF LAR PART -V. _____ AIRWORTHINESS INSPECTOR _____ DATE		11. RECOMMENDATION: THE ORGANIZATION HAS BEEN INSPECTED (SEE SEPARATE INSPECTION REPORT) AND IS RECOMMENDED FOR APPROVAL WITH THE FOLLOWING RATINGS : <table style="width:100%; border: none;"> <tr> <td style="width:30%;"></td> <td style="text-align: center;">REMARKS</td> </tr> <tr> <td><input type="checkbox"/> AIRCRAFT</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> AVIONICS</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> COMPONENTS</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> ENGINES</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> NONDESTRUCTIVE TESTINGS</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> PROPELLERS</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> STRUCTURES</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> WELDING</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> OTHER</td> <td style="text-align: center;">_____</td> </tr> </table> _____ AIRWORTHINESS INSPECTOR _____ DATE			REMARKS	<input type="checkbox"/> AIRCRAFT	_____	<input type="checkbox"/> AVIONICS	_____	<input type="checkbox"/> COMPONENTS	_____	<input type="checkbox"/> ENGINES	_____	<input type="checkbox"/> NONDESTRUCTIVE TESTINGS	_____	<input type="checkbox"/> PROPELLERS	_____	<input type="checkbox"/> STRUCTURES	_____	<input type="checkbox"/> WELDING	_____	<input type="checkbox"/> OTHER	_____
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