



APPLICATION FOR APPROVED MAINTENANCE ORGANIZATION CERTIFICATE

INSTRUCTIONS
Print or type. Do not write in shaded areas, these are for CAAV use only. Submit original only to the Flight Safety Standards Department or a CAAV Authorized Person. If additional space is required, use an attachment

A. AMO INFORMATION:				
1. NAME OF AMO APPLICANT OR HOLDER		2. PERMANENT ADDRESS (<i>Street or PO Box Number</i>)		
3. TELEPHONE AND FAX		4. CITY	STATE/PROVINCE	MAIL CODE COUNTRY
5. LOCATION OF MAIN OPERATIONS BASE			7. LOCATION OF SATELLITE BASE(S)	

B. APPLICATION IS HEREBY MADE FOR:		
<input type="checkbox"/> 1. Issuance of a AMO Certificate and associated ratings to conduct the maintenance, repairs and modifications identified below, and for the approval of the AMO.		
<input type="checkbox"/> 2. Renewal of existing AMO Certificate and associated ratings.		AMO Certificate #: _____ Expiration Date: _____
<input type="checkbox"/> (a) Without changes to the currently approved ratings, classes and equipment. <input type="checkbox"/> (b) With addition of ratings (s) identified below for which approval is requested <input type="checkbox"/> (c) With deletion of ratings (s) identified below from the operations specifications.		
<input type="checkbox"/> 3. Amending the current AMO Certificate and associated ratings.		AMO Certificate #: _____ Expiration Date: _____
<input type="checkbox"/> (a) By adding the ratings and classes identified below for which approval is requested. <input type="checkbox"/> (b) By deleting the ratings and classes (s) identified below from the operations specifications.		

C. AMO RATINGS:				
ADD	DELETE	RATING	CLASS/DESCRIPTOR	EQUIPMENT DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/>	1.		
<input type="checkbox"/>	<input type="checkbox"/>	2.		
<input type="checkbox"/>	<input type="checkbox"/>	3.		
<input type="checkbox"/>	<input type="checkbox"/>	4.		
<input type="checkbox"/>	<input type="checkbox"/>	5.		
<input type="checkbox"/>	<input type="checkbox"/>	6.		
<input type="checkbox"/>	<input type="checkbox"/>	7.		
<input type="checkbox"/>	<input type="checkbox"/>	8.		
<i>If more space is needed, please attach additional page(s).</i>				

D. ADDITIONAL APPLICATION ATTACHMENTS:		
<input type="checkbox"/> 1. AMO Procedures Manual	<input type="checkbox"/> 5. Capability List(s)	<input type="checkbox"/> 7. Facility Description & Layout
<input type="checkbox"/> 2. Part 5 Conformance Report	<input type="checkbox"/> 6. List of Service Providers & Functions	<input type="checkbox"/> 8. Training Program
<input type="checkbox"/> 3. Management Resumes	<input type="checkbox"/> 7. Proposed Maintenance Release	<input type="checkbox"/> 9. Quality Assurance System
<input type="checkbox"/> 4. Certifying Staff Resumes	<input type="checkbox"/> 8. Sample Work Package	<input type="checkbox"/> 9. Proposed Qualification Records
<i>If more space is needed, please attach additional page(s).</i>		

E. APPLICANT'S CERTIFICATION — I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any CAAV certificate to me.		
<i>A person shall not with intent to deceive by making any false representation for the purpose of procuring for himself or any other person the grant, issue, renewal or variation of any such license...</i>	1. DATE	2. APPLICANT SIGNATURE:
	3. PRINTED NAME AND TITLE OF APPLICANT:	

G. CAAV CERTIFICATION:		
1. <input type="checkbox"/> APPROVED with the associated ratings bearing the number shown above. Effective Date: _____ Expires On: _____		2. <input type="checkbox"/> DISAPPROVED
<input type="checkbox"/> Renewal <input type="checkbox"/> without Amendments <input type="checkbox"/> with Amendments		
3. Signature of Approving Official	4. Title	5. Date