
Utilize the instructions below in red to review the application for completeness and to indicate on the AMO Approval checklist that it is ready for the evaluation process. (S = Satisfactory, U = Unsatisfactory)

Application for an Approved Maintenance Organization Certificate and/or Ratings

1. Approved Maintenance Organization Name, Number, Location and Address		2. Reasons for Submission
a. Official Name of Approved Maintenance Organization:	Number:	☐ Original Application for Certificate and Rating ☐ Change in Rating ☐ Change in Location or Housing and Facilities ☐ Change in Ownership One or more of these must be checked. ☐ Other (Specify) When using Other provide explanation.
The name of the legal entity. There needs to be supporting documentation for the entity (e.g. incorporation document for corporations, passport identification for sole proprietorship or partnerships).	Assigned by OFNAC after approval	
b. Location where business is conducted: Address of the main facility for the organization.		
c. Official Mailing Address of **Approved Maintenance Organization** (Number, Street, City, State, & Postal Code) Mailing address if different from business location.		
d. Doing Business As: If conducting business under a trademark or other name than the legal entity.		

3. Ratings Applied for:

☐ Airframe ☐ Class 1 ☐ Class 2 ☐ Class 3 ☐ Class 4	☐ Powerplant ☐ Class 1 ☐ Class 2 ☐ Class 3	☐ Propeller ☐ Class 1 ☐ Class 2	☐ Avionics/Radio ☐ Class 1 ☐ Class 2 ☐ Class 3	☐ Instrument ☐ Class 1 ☐ Class 2 ☐ Class 3 ☐ Class 4

All appropriate ratings need to be checked. For Specialized Service provide a description.

☐ Accessories ☐ Class 1 ☐ Class 2 ☐ Class 3	☐ Airframe ☐ Powerplant ☐ Propeller ☐ Instruments	☐ Limited ☐ Accessories ☐ Landing Gear ☐ Floats ☐ Avionics Radio	☐ Rotor Blades ☐ Fabric ☐ Emergency Equipment ☐ Non-Dest. Test ☐ Other	☐ Specialized Service

4. List of Maintenance Functions contracted to an outside Maintenance Organization:

If an outside Maintenance Organization is providing services under this approval, then they must provide a list of those functions and organizations being utilized.

5. Applicants Certification

Name of Owner (Include name(s) of individual Owner, all partners, or corporation name given the state, province, or country and date of incorporation)

The name of the owner, all partners or in the case of a corporation the Chairman or CEO.

☐ I hereby certify that I have been authorised by the approved maintenance organization identified in Item 1 above to make this application and that statements attached hereto are true and correct to the best of my knowledge.

Authorized Person's Name	Authorized Person's Signature	Date:
Printed name (if necessary, use extra lines)	Signature of authorized person (supported by evidence of authorization)	Date of application

For OFNAC Use Only

Record of Action
Approved Maintenance Organization Inspection

6. Remarks (Identify by item number. Include any deficiencies found or ratings denied)
List unresolved issues at completion of evaluation. These will come from the remarks on the evaluation checklists.

7. Findings – Recommendations (at completion of evaluation check one choice)	8. Date of Inspection
☐ AMO was found to comply with requirements of Part 6. ☐ AMO was found to comply with requirements of Part 6, except for deficiencies listed in Item 6. ☐ Recommend Certificate with rating applied for on application be issued. ☐ Recommend Certificate with rating applied for on application (EXCEPT those listed in Item 6) be issued.	Enter date of on-site demonstration inspection

9. OFNAC Office	Signature(s) of Inspector(s)	Printed Name(s) of Inspector(s)
The Office each Inspector represents.	Each inspector to sign that was involved in the evaluation.	The name of each inspector.

10. Supervising or Assigned Responsible Inspector

Action Taken	Certificate Issued Number Number issued	Signature Signature of Supervisor of the approval.	
☐ APPROVED as shown on certificate issued on date shown ☐ DISAPPROVED As recommendation to DGCA based on evaluations	Date Date issued	Printed Name Name of Supervisor printed	Title Title of Supervisor