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| **Type of application** | | | | | | | | | | |
|  | | Initial application |  | Revision of initial application |  | Notification of surrender | |  | | Change |
| **Type of changes** | | | | | | | | | | |
|  | Organization name | |  | Contact detail(s) |  | Nominated persons |  | | Other(s) | |
|  | Address(s) | |  | Number of staff |  | Rating(s) |  | |  | |

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| **PART-CAMO Approval Reference** |
| **TR.MG/CAMO.…………… (AOC TR. ……………)** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Applicant Name** | | | | | | | |
| Registered name of applicant | | |  | | | | |
| Trading name (if different) | | |  | | | | |
| 1. **Applicant Postal Address** | | | | | | | |
|  | | | | | | | |
| 1. **Address of site(s) requiring approval** | | | | | | | |
| Principal Place of Business address | | | |  | | | |
| Organization(s) working under quality system. | | | |  | | | |
| 1. **Quality Manager Contact Details** | | | | | | | |
| Name | | Tel Number | | | | Fax Number | |
|  | |  | | | |  | |
| Quality e-mail | | | | | Organization generic e-mail | | |
|  | | | | |  | | |
| 1. **Scope of PART-CAMO Approval relevant to this application** | | | | | | | |
| Aircraft type/series/group | Airworthiness review authorization | | | | Permits to fly authorization | | Organization(s) working under Quality System |
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| 1. **Proposed (\*) Accountable Manager Contact Details** | | |
| Name | Tel Number | Fax Number |
|  |  |  |
| E-mail address | Place | Date |
|  |  |  |

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| **Signature of the (proposed) Accountable Manager** |
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