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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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| **SHY-M Approval Reference** |
| **TR.MG.** |

|  |  |
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| 1. **Applicant Name** | |
| Registered name of applicant |  |
| Trading name (if different) |  |

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| 1. **Applicant Postal Address** |
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|  |  |
| --- | --- |
| 1. **Address of site(s) requiring approval** | |
| Principal Place of Business address |  |
| Organization(s) working under quality system. |  |

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| --- | --- | --- | --- |
| 1. **Quality Manager Contact Details** | | | |
| Name | Tel Number | | Fax Number |
|  |  | |  |
| Quality e-mail | | Organization generic e-mail | |
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| 1. **Scope Of SHY-M 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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*Enter the type of change(s) the organisation is requesting - Complete page 3 for details of the scope of work*

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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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