

**APPLICATION FOR APPROVED MAINTENANCE ORGANIZATION
 CERTIFICATE AND/OR RATINGS**

1. <u>Approved</u> Maintenance Organization Name, Number, Location and Address		2. Reasons for Submission	
a. Official Name of <u>Approved</u> Maintenance Organization:	Number:	<input type="checkbox"/> Original Application for Certificate and Rating <input type="checkbox"/> Change in Rating <input type="checkbox"/> Change in Location or Housing and Facilities <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Other (Specify) <hr/>	
b. Location where business is conducted:			
c. Official Mailing Address of <u>Approved</u> Maintenance Organization			
d. Doing Business As:			
3. Ratings Applied for:			
<input type="checkbox"/> Airframe <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 5 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 6 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 7 <input type="checkbox"/> Class 4	<input type="checkbox"/> Powerplant <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> Propeller <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2	<input type="checkbox"/> Avionics <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3
<input type="checkbox"/> Computer <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> Instrument <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	<input type="checkbox"/> Accessories <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	<input type="checkbox"/> Limited <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Propeller <input type="checkbox"/> Instruments
<input type="checkbox"/> Accessories <input type="checkbox"/> Landing Gear <input type="checkbox"/> Floats <input type="checkbox"/> Avionics	<input type="checkbox"/> Computer <input type="checkbox"/> Rotor Blades <input type="checkbox"/> Fabric <input type="checkbox"/> Emergency Equip. <input type="checkbox"/> Non-Dest. Test	<input type="checkbox"/> Specialised Service (List Process Specification(s)) <hr/> <hr/> <hr/>	
4. List of Maintenance Functions contracted to an outside Maintenance Organization:			
5. Applicants Certification			
Name of Owner (Include name(s) of individual Owner, all partners, or corporation name giving the state, province, or country and date of incorporation)			
I hereby certify that I have been authorised by the <u>approved</u> 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.			
Date:	Authorised Signature:	Print Name of Authorised Signature:	Title:
For Official Use Only	Record of Action		For Official Use Only

6. Remarks (Identify by item number. Include deficiencies found ratings denied)

7. Findings – Recommendations

8. Date of Inspection

- A. Station was found to comply with requirements of Part 6.
- B. Station was found to comply with requirements of Part 6, except for deficiencies listed in Item 6.
- C. Recommend Certificate with rating applied for on application be issued.
- D. Recommend Certificate with rating applied for on application (EXCEPT those listed in Item 6) be issued.

9. FSS Department	Signature(s) of Inspector(s)	Printed Names of Inspectors

10. Supervising or Assigned Inspector

ACTION TAKEN	CERTIFICATE ISSUED	Inspector's Signature	Inspector's Number
<input type="checkbox"/> APPROVED As shown on certificate	Number		
issued on date shown	Date	Inspector's Printed Name	Title
<input type="checkbox"/> DISAPPROVED			