

Application for an Aircraft Maintenance Organization Approval Certificate

Note: if additional space is required for any item, attach additional sheets of paper

1.

| NAM | E OF ORG | SANIZATION, LOCATION, ADDRESS | | | | | |
|-----|----------|--|------------|--|--|--|--|
| a. | Regist | ered Name: | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b. | Physic | al Location where business is conducted: | | | | | |
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| | | | | | | | |
| | | | | | | | |
| c. | Officia | l Mailing address of Organization: | | | | | |
| | | | | | | | |
| | | | | | | | |
| d. | Teleph | none No: | | | | | |
| e. | Fax No | 0: | | | | | |
| f. | E-mail | Address: | | | | | |
| | DE LG | ON TOP GUIDNIGGYON (TILL | | | | | |
| 2. | REAS | REASON FOR SUBMISSION (Tick as Appropriate) | | | | | |
| | a. | Application for initial Certificate and Rating | g : | | | | |
| | b. | Change in Rating: | | | | | |
| | c. | Change in location or housing of facilities: | | | | | |
| | d. | Change in Ownership: | | | | | |
| | e. | Renewal of Certificate: | | | | | |
| | f | Other (specify) | | | | | |

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3. RATING AND CLASS APPLIED FOR (See Table 1 for guidance)

| Aircraft : |
|---|
| Engines: |
| Propellers: |
| Avionics: |
| Instruments: |
| Components other than complete engine or APU: |
| |
| Computer Systems: |
| Specialized Services: |
| Others: |
| 4. LIST OF MAINTENANCE FUNCTIONS CONTRACTED OUT TO OUTSIDE AGENCIES |
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| 5. Details of approval granted by Applicant's National Airworthiness Authority (please attach |
| photocopies) |
| |
| |
| |
| 6. Details of approval by other Airworthiness authority (please attach photocopies) |
| |



| 7. Al | PPI J | CAN | JT'S | CERTIFI | CA | TION |
|-------|-------|-----|------|---------|----|------|
| | | | | | | |

| I hereby certify that I have been authorized by the Organization identified in item 1 to make | | | | |
|---|--|--|--|--|
| this application and that the statements made herein are true and correct to the best of my | | | | |
| knowledge. | | | | |
| Name of applicant | | | | |
| Designation: | | | | |
| | | | | |
| Authorized Signature: Date | | | | |
| Note: | | | | |
| 1. Please refer to the attached guidelines in Table 1. | | | | |
| 2. Please forward the completed form together with other relevant documents | | | | |
| to the following address: | | | | |
| The Director. Safety Regulation Ghana Civil Aviation Authority Private Mail Bag K.I.A, Accra, Ghana | | | | |



TABLE 1

| CLASS | RATING | LIMITATION | BASE | LINE |
|--|---|---|------|------|
| AIRCARFT | A1 Aeroplanes/ airships above 5700 kg | Quote aeroplane/ airship type and / or the maintenance task(s) | | |
| | A2 Aeroplanes /airships 5700 kg and below | Quote aeroplane/ airship manufacturer or group or type and/ or the maintenance task(s) | | |
| | A3 Helicopters | Quote helicopter manufacturer or group or type and/ or maintenance task(s) | | |
| ENGINES | B1 Turbine B2 Piston B3 APU | Quote engine type Quote engine manufacturer or group or type Quote engine manufacturer or type | | |
| COMPONENTS OTHER THAN COMPLETE ENGINES OR APUs | C1 Air Cond & Press C2 Auto Flight C3 Comms and Nav C4 Doors- Hatches C5 Electrical Power C6 Equipment C7 Engine- APU C8 Flight Controls C9 Fuel – Airframe C10 Helicopter-Rotors C11 Helicopter- Trans C12 Hydraulic C13 Instruments C14 Landing C15 Oxygen C16 Propellers C17 Pneumatic C18 Protection— Ice/Rain/Fire C19 Windows | Quote aircraft type or aircraft manufacturer or component manufacturer or the particular component and cross refer to a capability list in the exposition | | |
| SPECIALISED SERVICES | D1 Non- Destructive Insp | Quote particular or group of services | | |