



AIRCRAFT MAINTENANCE ORGANIZATION (AMO) APPLICATION FORM

A. DETAILS OF AMO:

1. Name: _____
2. Address: _____
3. Airport: _____
4. City: _____ 5. Country: _____
6. Name «Accountable Manager: _____
7. Name «CQA Manager: _____
8. Approval Basis: _____ 9. AMO Certificate Nr.: _____
10. Name «Contact Person: _____
11. Contact Person - Position: _____
12. Tel: _____ 13. E-mail: _____

B. DETAILS FOREIGN CIVIL AVIATION AUTHORITY RESPONSIBLE FOR THE AMO:

1. Name: _____
2. Address: _____
3. City: _____ 4 Country: _____
5. Name «Contact Person: _____
6. Contact Person - Position: _____
7. Tel: _____ 8. E-mail: _____

This Application will not be processed unless completely filled out and accompanied by legible copies of the following:

1. Copy Local Approval Certificate, and OPS-SPECS,
2. Controlled copy of the Maintenance Organization Exposition (MOE),
3. Copy of a sample Certificate of Release to Service (CRS),
4. Copy Yearly audit schedule,
5. Copy Yearly training schedule, and
6. Copy list of persons who are authorized to release to service.

D. DECLARATION:

Hereby declare that all statements provided in this application are true and correct in every respect and that I shall adhere to all applicable Aruban regulations.

Date $\ddot{\text{Y}}\mu \text{ } \text{©}\text{«}^{\text{a}^{\circ}\text{x}} \mu\text{i} \text{š}^{\text{®}}$: _____ $\text{S}\text{«}^{\text{-}^{\circ}\text{y}}^{\text{a}}$ _____

Name: _____ Signature: _____