



AMO Pre-Application Statement of Intent

INSTRUCTIONS

This form is the method of notification to the RCAA of the intent to seek AMO certification. Complete the form and submit to RCAA. (Shaded areas for RCAA entry only). Print or type.

A. This is to give notice of intent to make application for the AMO certification (or additional authorizations) related to the following ratings:

- | | | |
|--|---|--|
| 1. <input type="checkbox"/> - Airframe | 4. <input type="checkbox"/> - Avionics | 7. <input type="checkbox"/> - Special Services |
| 2. <input type="checkbox"/> - Powerplant | 5. <input type="checkbox"/> - Computer System | 8. <input type="checkbox"/> - Accessory Rating |
| 3. <input type="checkbox"/> - Propeller | 6. <input type="checkbox"/> - Instrument | 9. <input type="checkbox"/> - Limited |
| | | 10. <input type="checkbox"/> - Other Purpose |

B. Specific Ratings that will be Requested:

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C. Maintenance Organization Specific Information

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| 1. Applying Company Name: | 5. RCAA Assigned Org ID & Organization Number: |
| 2. Assigned Organization Coordinator | 6. Proposed Start of Maintenance Function(s) Requested |
| 3. Coordinator Telephone and FAX Information | 7. Coordinator E-mail Address: |
| 4. Organization Mailing Address: | 8. Organization Physical Address: Primary Base: |

D. Proposed Management Post holders

| Title/Post/Position | Name (Last, First, Middle) | Telephone & Email |
|-----------------------------|----------------------------|-------------------|
| 1. Accountable Manager | | |
| 2. Base Maintenance Manager | | |
| 3. Line Maintenance Manager | | |
| 4. Workshop Manager | | |
| 5. Quality Manager | | |
| 6. Safety Manager | | |

E. Maintenance Facilities, Equipment and Data:

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F. Proposed Maintenance Training Arrangements:

Curriculums/Facilities/Workshops:

G. Additional information that provides a better understanding of the proposed operation or business (attach additional sheets, if necessary):

H. Certification of Intent: The statements and information contained on this form denote an intent to apply for RCAA certification.

| | | |
|-----------|------|----------------|
| Signature | Date | Name and Title |
|-----------|------|----------------|

I. RCAA In-Processing:

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|---------------|-------------|-------------------------|
| Date Received | Received by | Assigned Project Number |
|---------------|-------------|-------------------------|

I. CERTIFICATION TEAM ASSIGNMENTS

| | | | |
|------------|--|--------------|--|
| CPM | | AVE | |
| AMI | | PEL | |
| AVI | | Other | |

As Director General of the RCAA, I hereby make the above team assignments:

| | |
|-------|-----------|
| Date: | Signature |
|-------|-----------|