	DCA of Lao PDR	Code: F-AIM-045	1. Page: 1 of 2
	Application for approved Maintenance Organisation Certificate and /or Rating	Revision: 01	Date Issued: 15/09/10

## Application for Approved Maintenance Organisation Certificate and/or Ratings

1. Approved Maintenance Organisation Name, Number, Location and Address	2. Reasons for Submission								
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">a. Official Name of <b>Approved Maintenance Organisation</b>:</td> <td style="width: 30%;">Number:</td> </tr> <tr> <td colspan="2">b. Location where business is conducted:</td> </tr> <tr> <td colspan="2">c. Official Mailing Address of <b>Approved Maintenance Organisation</b> (Number, Street, City, State, &amp; Postal Code)</td> </tr> <tr> <td colspan="2">d. Doing Business As:</td> </tr> </table>	a. Official Name of <b>Approved Maintenance Organisation</b> :	Number:	b. Location where business is conducted:		c. Official Mailing Address of <b>Approved Maintenance Organisation</b> (Number, Street, City, State, & Postal Code)		d. Doing Business As:		<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/> <hr/> <hr/>
a. Official Name of <b>Approved Maintenance Organisation</b> :	Number:								
b. Location where business is conducted:									
c. Official Mailing Address of <b>Approved Maintenance Organisation</b> (Number, Street, City, State, & Postal Code)									
d. Doing Business As:									

**3. Ratings Applied for:**

<input type="checkbox"/> <b>Airframe</b> <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	<input type="checkbox"/> <b>Powerplant</b> <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> <b>Propeller</b> <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2	<input type="checkbox"/> <b>Avionics/ Radio</b> <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> <b>Instrument</b> <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4
<input type="checkbox"/> <b>Accessories</b> <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> <b>Limited</b> <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/radio	<input type="checkbox"/> Rotor Blades <input type="checkbox"/> Fabric <input type="checkbox"/> Emergency Equip. <input type="checkbox"/> Non-Dest. Test <input type="checkbox"/> Other	<input type="checkbox"/> Specialised Service (List Process Specification(s)) <hr/> <hr/> <hr/>


**4. List of Maintenance Functions contracted to an outside Maintenance Organisation:**

**5. Applicants Certification**

Name of Owner (Include name(s) of individual Owner, all partners, or corporation name given the state, province, or country and date of incorporation)

I hereby certify that I have been authorised by the approved maintenance organisation 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:

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For DCAL Use Only	Record of Action Approved Maintenance Organisation Inspection	For DCAL Use Only
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**6. Remarks (Identify by item number. Include deficiencies found and ratings denied)**

**7. Findings – Recommendations**

- A. AMO was found to comply with requirements of Part 6.
- B. AMO 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.

**8. Date of Inspection**

9. DCAL Office	Signature(s) of Inspector(s)	Printed Names of Inspectors

**10. Supervising or Assigned Inspector**

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