

Application for Approval of Continuing Airworthiness Management Organisation (CAMO)

APPLICATION FOR: <i>(Tick as applicable)</i>		
<input type="checkbox"/> GRANT	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> VARIATION
AIR OPERATOR CERTIFICATE HOLDER:	<input type="checkbox"/> YES	AOC NO.: _____
	<input type="checkbox"/> NO	
AIRWORTHINESS REVIEW:	<input type="checkbox"/> YES <i>(ALD/AIR/F018 to be submitted for Airworthiness Review staff)</i>	
	<input type="checkbox"/> NO	
1. REGISTERED COMMERCIAL NAME OF APPLICANT:		
2. ADDRESS REQUIRING APPROVAL:		
3. TEL: _____ FAX: _____ TELEX: _____		
4. * SCOPE OF APPROVAL RELEVANT TO THIS APPLICATION:		
5. POSITION, NAME AND SIGNATURE OF THE ACCOUNTABLE MANAGER:		
NAME: _____ TITLE: _____		
SIGNATURE: _____ DATE: _____ STAMP: _____		

* Complete only for Grant or Variation