



Application for Approval of Continuing Airworthiness Management Organisation (CAMO)

APPLICATION FOR: (Tick as applicable)		
<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 (ALD/AIR/F018 to be submitted for Airworthiness Review staff)		
<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