Form CAY/102/039 Issue 2 May 2016

OTAR Part 39 Continuing Airworthiness Organisation Approval (CAMO)



Application: Type	Initial	Renewa	I Variati	ion	Option 1	
Please tick*					Option 2	
Application Renewal		nter Approval R	deference:			
	Expiry Da	ate:				
Name of CAMO						
Organisation and						
Mailing Address						
Address of						
Approved Facility						
Contact Details for Finance	Name:					
	Position:					
	Telephon	e:				
	email:					
Principal Point of Contact	Name:					
This part out or contact	Position					
	Telephon	e:				
	email:					
Current FASA Approval			N/	ΔΔ Ο)ther:	
Current EASA Approval Reference: EASA.			N/	AA C	Other:	
Reference: EASA.			N/	AA C		
Reference: EASA. Rating Applied For		Capability	N/	AA C	Scope	
Reference: EASA. Rating Applied For OTAR Part		Capability	N/	AA C		
Reference: EASA. Rating Applied For OTAR Part 39.93(b)		Capability	N/	AA C		
Reference: EASA. Rating Applied For OTAR Part		Capability	N/	AA C		
Reference: EASA. Rating Applied For OTAR Part 39.93(b) For Option 1 please use this Section for any additional rating to that granted by		Capability	N/	AA C		
Reference: EASA. Rating Applied For OTAR Part 39.93(b) For Option 1 please use this Section for any additional rating to that granted by your NAA.		Capability	N/	AA C		
Reference: EASA. Rating Applied For OTAR Part 39.93(b) For Option 1 please use this Section for any additional rating to that granted by your NAA. For Option 2, please record		Capability	N/	AA C		
Reference: EASA. Rating Applied For OTAR Part 39.93(b) For Option 1 please use this Section for any additional rating to that granted by your NAA. For Option 2, please record complete listing, if appropriate please refer to		Capability	N/	AA C		
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