



## APPLICATION FOR APPROVED MAINTENANCE ORGANISATION CERTIFICATE AND/OR RATINGS (AMO ARSC)

1. APPROVED MAINTENANCE ORGANISATION NAME, NUMBER, LOCATION AND ADDRESS		2. REASONS FOR SUBMISSION
a. Official Name of Maintenance Organisation:	Number:	<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  _____  _____  _____
b. Location where business is conducted:		
c. Official Mailing Address of Approved Maintenance Organisation (Number, Street, City, State, & Zip)		
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>Class 5</b> <input type="checkbox"/> Class 6 <input type="checkbox"/> Class 7	<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</b> <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> <b>Computer</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"/> Class 4	<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	<input type="checkbox"/> Computer <input type="checkbox"/> Rotor Blades <input type="checkbox"/> Fabric <input type="checkbox"/> Emergency Equip. <input type="checkbox"/> Non-Dest. Test	<input type="checkbox"/> Specialised Service (List Process Specification(s))  _____  _____		

4. LIST OF MAINTENANCE FUNCTIONS CONTRACTED TO AN OUTSIDE 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:

<b>FOR CASAS USE ONLY</b>	<b>RECORD OF ACTION APPROVED MAINTENANCE ORGANISATION INSPECTION</b>
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<b>6. REMARKS (IDENTIFY BY ITEM NUMBER. INCLUDE DEFICIENCIES FOUND RATINGS DENIED)</b>
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<b>7. Findings - Recommendations</b>	<b>8. Date of Inspection</b>
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<input type="checkbox"/> A. Station was found to comply with requirements of Part 6. <input type="checkbox"/> B. Station was found to comply with requirements of Part 6, except for deficiencies listed in Item 6. <input type="checkbox"/> C. Recommend Certificate with rating applied for on application be issued. <input type="checkbox"/> D. Recommend Certificate with rating applied for on application (EXCEPT those listed in Item 6) be issued.	
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9. CASAS OFFICE	Signature(s) of Inspector(s)	Printed Names of Inspectors

<b>10. SUPERVISING OR ASSIGNED INSPECTOR</b>			
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<b>ACTION TAKEN</b> <input type="checkbox"/> APPROVED <small>As shown on certificate</small>	<b>CERTIFICATE ISSUED</b> Number	Inspector's Signature	
<small>issued on date shown</small> <input type="checkbox"/> DISAPPROVED	Date	Inspector's Printed Name	Title