



CIVIL AVIATION AUTHORITY OF BOTSWANA
 P. O. Box 250, Gaborone, Botswana Tel: +267 3688200 / 3913236 Fax +267 3930165

FLIGHT SAFETY DIRECTORATE

APPLICATION FOR APPROVED MAINTENANCE ORGANISATION CERTIFICATE AND/OR RATINGS

| 1. Approved Maintenance Organization Name, Number, Location and Address | | 2. Reasons for Submission | |
|---|---------|----------------------------------|---|
| a. Official Name of Maintenance Organization: | Number: | <input type="checkbox"/> | Original Application for Certificate and Rating |
| b. Location where business is conducted: | | <input type="checkbox"/> | Change in Rating |
| | | <input type="checkbox"/> | Change in Location or Housing and Facilities |
| c. Official Mailing Address of Approved Maintenance Organization (Number, Street, City, State, & Zip (if applicable)) | | <input type="checkbox"/> | Change in Ownership |
| | | <input type="checkbox"/> | Renewal/Re-certification |
| | | <input type="checkbox"/> | Other (Please specify) |
| d. Doing business As: | | _____ _____ _____ _____ | |

| 3. Ratings Applied for (See Regulation 12 of the AMO Regulations): | | | | | | | |
|--|--------------------------------------|---|---|-----------------------------------|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Airframe | <input type="checkbox"/> Powerplant | <input type="checkbox"/> Propeller | <input type="checkbox"/> Avionics/Radio | <input type="checkbox"/> Computer | <input type="checkbox"/> Instrument | | |
| <input type="checkbox"/> Class 1 | <input type="checkbox"/> Class 1 | <input type="checkbox"/> Class 1 | <input type="checkbox"/> Class 1 | <input type="checkbox"/> Class 1 | <input type="checkbox"/> Class 1 | | |
| <input type="checkbox"/> Class 2 | <input type="checkbox"/> Class 2 | <input type="checkbox"/> Class 2 | <input type="checkbox"/> Class 2 | <input type="checkbox"/> Class 2 | <input type="checkbox"/> Class 2 | | |
| <input type="checkbox"/> Class 3 | <input type="checkbox"/> Class 3 | <input type="checkbox"/> Class 3 | <input type="checkbox"/> Class 3 | <input type="checkbox"/> Class 3 | <input type="checkbox"/> Class 3 | | |
| <input type="checkbox"/> Class 4 | | | | | <input type="checkbox"/> Class 4 | | |
| <input type="checkbox"/> Accessories | <input type="checkbox"/> Limited | <input type="checkbox"/> Specialized Service (List Process Specification(s)) _____ _____ _____ | | | | | |
| <input type="checkbox"/> Class 1 | <input type="checkbox"/> Airframe | | | | | <input type="checkbox"/> Accessories | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Class 2 | <input type="checkbox"/> Powerplant | | | | | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Rotor Blades |
| <input type="checkbox"/> Class 3 | <input type="checkbox"/> Propeller | | | | | <input type="checkbox"/> Floats | <input type="checkbox"/> Fabric |
| <input type="checkbox"/> Class 4 | <input type="checkbox"/> Instruments | | | | | <input type="checkbox"/> Avionics | <input type="checkbox"/> Emergency Equip. |
| | | <input type="checkbox"/> Non-Dest. Test | | | | | |

| 4. List of Maintenance Functions contracted to an Outside Organisation: |
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| 5. Applicants Certification | | | |
|--|-----------------------|-------------------------------------|--------|
| Name of Owner (Include name(s)) of individual Owner, all partners, or corporation name given the Sate, 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 thereto are true and correct to the best of my knowledge. | | | |
| Date: | Authorised Signature: | Print Name of Authorised Signature: | Title: |

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| 6. Remarks (Identify by item number. Include deficiencies found ratings denied) |
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| 7. Findings - Recommendations | 8. Date of Inspection |
| <input type="checkbox"/> A Station was found to comply with requirements of Civil Aviation (Approved Maintenance Organisations) Regulations. <input type="checkbox"/> B Station was found to comply with requirements of Civil Aviation (Approved Maintenance Organisations), 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) be issued. | |

| 9. CAAB Office | Signature(s) of Inspector(s) | Printed Names of Inspectors |
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| 10 Supervising or Assigned Inspector |
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|---|--|--|---------------------------------|--------------|--|--|
| ACTION TAKEN <input type="checkbox"/> APPROVED As shown on certificate Issued on date shown <input type="checkbox"/> DISAPPROVED | CERTIFICATE ISSUED Number: <input style="width: 100px;" type="text"/> DATE <input style="width: 100px;" type="text"/> | Inspector's Signature <input style="width: 100%; height: 30px;" type="text"/> <table style="width:100%;"> <tr> <td style="width:70%;">Inspector's Printed Name</td> <td style="width:30%;">Title</td> </tr> <tr> <td><input style="width: 90%;" type="text"/></td> <td><input style="width: 80%;" type="text"/></td> </tr> </table> | Inspector's Printed Name | Title | <input style="width: 90%;" type="text"/> | <input style="width: 80%;" type="text"/> |
| Inspector's Printed Name | Title | | | | | |
| <input style="width: 90%;" type="text"/> | <input style="width: 80%;" type="text"/> | | | | | |