



TANZANIA CIVIL AVIATION AUTHORITY
 DIRECTORATE OF SAFETY REGULATIONS
 AIRWORTHINESS

Revision: 1
Form

Document No.:
TCAA-AC-AWS006C

**Title: Application For Approved Maintenance Organisation
 Certificate and Ratings**

Page 1 of 2

1. Maintenance Organization Name, Number, Location and Address	2. Reasons for Submission
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a) Official Name of Maintenance Organization:	Local CAA No:	<input type="checkbox"/> Application for AMO Certificate and Rating Issue <input type="checkbox"/> Change in Rating <input type="checkbox"/> Change in Location or Housing and Facilities <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Re-Certification / Renewal <input type="checkbox"/> Other (Specify)
b) Doing Business as		
c) Location where business is conducted:		
d) Official Mailing Address of Maintenance Organization (number, street, city, state & zip)		
e) Line Maintenance Location		

3. Ratings applied for: Ref: Regulation 11 & 12 of the Civil Aviation [AMO] Regulations.

Aircraft	Engine – Propellers	Equipment & Instruments	Accessories
<input type="checkbox"/> Class 1: Composite Small Aircraft	<input type="checkbox"/> Class 1: Piston <400hp	<input type="checkbox"/> Class 1: Comm Equipment	<input type="checkbox"/> Class 1: Mechanical Accessories.
<input type="checkbox"/> Class 2: Composite Large Aircraft	<input type="checkbox"/> Class 2: Piston>400hp	<input type="checkbox"/> Class 2: Navigation Equipment	<input type="checkbox"/> Class 2: Electrical Accessories
<input type="checkbox"/> Class 3: Metal Small Aircraft	<input type="checkbox"/> Class 3: Turbine Engine	<input type="checkbox"/> Class 3: Radar Equipment	<input type="checkbox"/> Class 3: Electronic Accessories
<input type="checkbox"/> Class 4: Metal Large Aircraft	<input type="checkbox"/> Class 1: Fix Pitch Props	<input type="checkbox"/> Class 1: Instrument Mechanical	<input type="checkbox"/> Class 4: APU.
	<input type="checkbox"/> Class 2: All other Props	<input type="checkbox"/> Class 2: Electrical	
		<input type="checkbox"/> Class 3: Gyroscopic	
		<input type="checkbox"/> Class 4: Electronic	



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Specialized Service: {List Process Specification(s)} and Scope of Ratings applied for;

4. List of Maintenance Functions contracted to other AMO's:

5. AMO Ownership and Incorporation Confirmation

Name of AMO Owner, {Include name(s) of all Owners, all partners, or corporation name and date of AMO incorporation}.

I hereby certify that I have been authorised by the maintenance organization named in item 1 above to make this application and that the information given and the statements in the attachments hereto are true and correct to the best of my knowledge.

Name	Title	Authorised Signature	Date