



## APPLICATION BY AN AIRCRAFT MAINTENANCE ORGANISATION FOR A ONE TIME APPROVAL

1. Name of AMO: \_\_\_\_\_

Address of AMO: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov/Parish: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name of main contact: \_\_\_\_\_ Position of main contact: \_\_\_\_\_

3. Makes and models of aircraft types to be maintained:

Nationality and Registration Mark: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Aircraft Manufacturer Serial Number: \_\_\_\_\_ Designation of Aircraft Model: \_\_\_\_\_

4. Does your NAA approval cover this specific make and model of aircraft? Yes  No

5. Attach a copy of your NAA approval page relevant to these aircraft types? Yes  No

6. Number of aircraft maintenance personnel employed: \_\_\_\_\_ Yes  No

7. Do you operate a system of quality auditing? Yes  No

8. Name of Quality Assurance Manager: \_\_\_\_\_ Yes  No

9. Do you audit companies who supply you with Overhauled Engines and components? Yes  No

10. Do you have access to the Overseas Territories Aviation Requirements (OTARs)? Yes  No

[www.bcaa.bm](http://www.bcaa.bm)

11. Do you have access to the following for the aircraft type listed in item 3 above?

TCDS / Fiche:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Maintenance Manuals:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parts Catalogues:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Wiring Diagrams:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Struct Repair Manuals:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Service Bulletins:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Airworthiness Directives:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Component Overhaul Manuals:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Maintenance Schedule		Required Jacking and Trestling:	Yes <input type="checkbox"/> No <input type="checkbox"/>
/Programme:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Required Tools and Test Equipment:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date:   D   /   M   /   Y