

APPLICATION BY A CONTINUED AIRWORTINESS MANAGEMENT ORGANISATION FOR A ONE TIME APPROVAL

1. Name of CAMO:				
	Address of CAMO:			-
	City: State/Prov/Parish:			
	Zip/Postal Code:	p/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 Managed:			
	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 relevant to this aircraft type?			No 🗌
6.	Number of Authorised Staff employed:		Yes 🗌	No 🗌
7.	Do you operate a system of quality auditing?		Yes	No 🕅
8.	3. Do you have access to the Overseas Territories Aviation Requirements (OTARs)?			No 🕅
	www.bcaa.bm			
Si	gned: I	Name:		
Po	osition:	Date: / /		