

### **APPLICATION FOR CAMO APPROVAL CERTIFICATE**

# Form AWR 023 Issue 1 Revision 1 Date 14/02/2024

## **Civil Aviation Authority - DGCAR**

1. Name of Organization :		
2. Address(es) for which approval is	sought/held:	
(a) Physical Address(es):		
(b) Postal Address(es):		
(c) Tel No. :		
(d) Fax No. :		
3. Name of Contact Person:		
Position:		
Email:		
4. Name of Chief Executive/Accoun	table Manager:	
5. Reason for submission. Please tick (	(✓) where appropriate	
□Initial Application	□Addition/change in rating	
□Renewal Application	Expiry Date of Approval (if Applicable):	
6. Is the organisation approved by other Authority for CAMO?  □Yes □No Approval Reference No		
Approval held by Civil Aviation Author	ority/other Authorities (Attach Copy)	
7. Current CAMO approval No. (if Ap	pplicable)	
8. Exposition Issue/Rev No	Date of Revision:	
9. Enclosures: ☐ Company Exposition ☐ Applicable Fee	n ☐ AWR 032/Form 4(Nominated person)	

# 10. Scope of requested CAR-M Subpart G Approval (\*)

(\*) in case of application for change of the scope of work, only the parts of this table affected by the change shall be completed.

compicted.		Model	Subcontractor
Rating	Manufacturer	Quote the aircraft model and the engine type fitted thereon	(Organisation's working under the Quality System)
A1(**) Aeroplanes above 5700 Kg			
A2(**) Aeroplanes 5700 Kg and below			
A3(**) Helicopters			
A4(**)			
Aircraft other			
than A1, A2 or			
A3			

<sup>(\*\*)</sup> Delete as appropriate if the organisation is not requested to be approved

### 11. declaration

I hereby certify that I have been authorized by the organization identified in item (1) to make this application and all information herein and documents submitted with this application and the particulars entered on this application are true and correct. In addition, I further declare that the organisation is in compliance with CAR-M Subpart G requirements.			
Full Name:	Date:		
Position:			
Signature:	Organisation Stamp:		