

	<b>APPLICATION FOR CAMO APPROVAL CERTIFICATE</b>	Form	<b>AWR 023</b>
		Edition	Original
	<b>Civil Aviation Authority - DGCAR</b>	Revision	0
		Date	02/12/2021

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/Accountable Manager:

5. Reason for submission. Please tick (✓) where appropriate

<input type="checkbox"/> Initial Application	<input type="checkbox"/> Addition/change in rating
<input type="checkbox"/> 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 Authority/other Authorities (Attach Copy)

7. Current CAMO approval No. (if Applicable) .....

8. Exposition Issue/Rev No. .... Date of Revision: .....

9. Enclosures:  Company Exposition     AWR 032/Form 4(Nominated person)  
 Applicable Fee

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.

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

(\*\*) 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: \_\_\_\_\_