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|  | Application for ACCEPTANCE OF A FOREIGN AMO | Reference: | FS.AIR.46 |
| Revision: | Versão Inicial |
| Date: | 05-06-2015 |

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| **1. Foreign Approved Maintenance Organisation Name, Number, Location and Address** | **2. Reasons for Submission** |
| a. Official Name of Approved Maintenance Organisation:      | b. Approval Certificate Number:      | [ ]  Acceptance of Foreign AMO approval[ ]  Renewal of AAC acceptance [ ]  Change in AMO[ ]  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please detail the reason for amendment:      |
| c. Location where business is conducted:      |
| d. Official Mailing Address of Approved Maintenance Organisation (Number, Street, City, State, & Zip):      |
| e. Telephone:      | f. Facsimile:      |
| **3. If request is for renewal, please state AAC authorization number:** |
| g. Organization Approval issued by:EASA [ ]  FAA [ ]  TCCA [ ]  OTHER [ ]  \_\_\_\_\_\_\_\_ |
| **4. Quality assurance Manager Name and email:**      |
| **5. Scope of approval:** *(what scope of approval is the company requesting (list aircraft types, engines or components) or refer to the scope of work in the MPM or MOE)*      |
| **6. Validity period of the current NAA approval:**       |
| **7. Applicants Certification** |
| I hereby certify that I have been authorised by the approved maintenance organisation identified in Item 1 above to make this application and that statements attached hereto are true and correct to the best of my knowledge. |
| Date of application:     /     /      | Authorised Signature: | Print Name of Authorised Signature:      | Title:      |
| For AAC Use Only  |
| **8. Remarks (Identify by item number. Include deficiencies found ratings denied):** |
| **9. Findings - Recommendations** | **8. Date of Inspection** |
| [ ]  A. AMO was found to comply with requirements of Part 6.[ ]  B. AMO was found to comply with requirements of Part 6, except for deficiencies listed in Item 8.[ ]  C. Recommend the Acceptance with rating applied for on application be issued.[ ]  D. Recommend the Renewal of the Acceptance  |  |
| **10. AAC Office** | **Signature(s) of Inspector(s)** | Printed Names of Inspectors |
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| **11. Supervising or Assigned Inspector** |
| **ACTION TAKEN**[ ]  ACCEPTED[ ]  NOT ACCEPTED | ACCEPTANCE ISSUEDNumber **:** | Inspector’s Signature |
| Date (as shown on certificate issued on date shown) : | Inspector’s Printed Name | Title |