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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 ISSUED  Number **:** | | | | Inspector’s Signature | | | | | |
| Date (as shown on certificate issued on date shown) : | | | | Inspector’s Printed Name | | | | Title | |