



INAC

Instituto Nacional de Aviação Civil
CIVIL AVIATION AUTHORITY

F-06-005

1. Approved Maintenance Organisation Name, Number, Location and Address

a. Official Name of Approved Maintenance Organisation :	Number:
b. Location where business is conducted:	
c. Official Mailing Address of Approved Maintenance Organisation (Number, Street, City, State, & Zip)	
d. Doing Business As:	

2. Reasons for Submission

- Original Application for Certificate and Rating
- Change in Rating
- Change in Location or Housing and Facilities
- Change in Ownership
- Other (Specify)

3. Ratings Applied for:

<input type="checkbox"/> Airframe	<input type="checkbox"/> Powerplant	<input type="checkbox"/> Propeller	<input type="checkbox"/> Avionics	<input type="checkbox"/> Computer	<input type="checkbox"/> Instrument
<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 5 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 6 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 7 <input type="checkbox"/> Class 4	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4
<input type="checkbox"/> Accessories	<input type="checkbox"/> Limited			<input type="checkbox"/> Specialised Service (List Process Specification(s))	
<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	<input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Propeller <input type="checkbox"/> Instruments	<input type="checkbox"/> Accessories <input type="checkbox"/> Landing Gear <input type="checkbox"/> Floats <input type="checkbox"/> Avionics	<input type="checkbox"/> Computer <input type="checkbox"/> Rotor Blades <input type="checkbox"/> Fabric <input type="checkbox"/> Emergency Equip. <input type="checkbox"/> Non-Dest. Test	<hr/> <hr/> <hr/> <hr/>	

4. List of Maintenance Functions contracted to an outside Maintenance Organisation:

5. Applicants Certification

Name of Owner (Include name(s) of individual Owner, all partners, or corporation name given the state, province, or country and date of incorporation)

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:	Authorised Signature:	Print Name of Authorised Signature:	Title:
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For INAC Use Only	Record of Action Approved Maintenance Organisation Inspection	For INAC Use Only
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6. Remarks (Identify by item number. Include deficiencies found ratings denied)

7. Findings - Recommendations	8. Date of Inspection
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<input type="checkbox"/> A. Station was found to comply with requirements of Part 6. <input type="checkbox"/> B. Station was found to comply with requirements of Part 6, except for deficiencies listed in Item 6. <input type="checkbox"/> C. Recommend Certificate with rating applied for on application be issued. <input type="checkbox"/> D. Recommend Certificate with rating applied for on application (EXCEPT those listed in Item 6) be issued.	
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9. INAC Office	Signature(s) of Inspector(s)	Printed Names of Inspectors

10. Supervising or Assigned Inspector

ACTION TAKEN <input type="checkbox"/> APPROVED As shown on certificate issued on date shown <input type="checkbox"/> DISAPPROVED	ACCEPTANCE ISSUED	Inspector's Signature	
	Number	Inspector's Printed Name	Title
	Date		