



<b>SECTION:</b>	<b>LICENSING FORMS</b>	<b>LIF-ETO-010</b>
<b>TITLE:</b>	<b>APPLICATION FOR MAINTENANCE TRAINING ORGANIZATION APPROVAL</b>	

**1- APPLICATION TYPE**  
PLEASE TICK (✓) IN THE APPROPRIATE BOX & FILL WHEREVER IS APPLICABLE

Initial Issue     
  Variation     
  Renewal

<p><b>2. TRAINING ORGANIZATION</b></p> <p>Company Name: _____</p> <p>Owner's Name: _____</p> <p>Name of Accountable Manager: _____</p> <p>Contact No: _____</p> <p>E-MAIL: _____</p> <p>Address: _____</p>	<p><b>3. R.O.Y. NATIONAL SPONSOR</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Contact No: _____</p>
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**4. CAMA APPROVALS HELD BY THE ORGANIZATION**

Does the organisation hold any CAMA approvals under YCARs?		<input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please complete the following items):	
Approval Number	Type of Approval	Scope of Approval	Date of Approval

**5. APPROVALS HELD FROM OTHER ICAO CONTRACTING STATES AUTHORITIES**

Authority	Approval Number	Type of Approval	Scope of Approval	Date of Approval

**6. PRINCIPAL BASE OF OPERATIONS**

Address:	
Country	
Contact No:	
Facsimile:	
E-mail:	



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<b>6.1 Additional Facility/Sites Requiring Approval</b>	
<b>6.1.1 Additional Facility/Site 1</b>	
Address:	
Country	
Contact No:	
Facsimile:	
E-mail:	

<b>6.1.2 Additional Facility/Site 2</b>	
Address:	
Country	
Contact No:	
Facsimile:	
E-mail:	

<b>7. PERSONNEL TO BE APPROVED/ ACCEPTED BY THE AUTHORITY:</b>	
<b>1- Contact Person (Responsible for this application)</b>	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
	Name:
	Job Title:
	Phone Number:
	Email:
<b>2- Accountable Manager</b>	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
	Name:
	Phone Number:
	Email:
<b>3- Quality Manager</b>	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
	Name:
	Phone Number:
	Email:
<b>4- Training Manager</b>	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
	Name:
	Phone Number:
	Email:
<b>5- Examination Manager</b>	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.



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	Name:
	Phone Number:
	Email:
<b>6- Other personnel (Please specify)</b>	



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8. SCOPE AND RATINGS APPLIED FOR			
8.1 Type Training Course(s) – List of training courses relevant to this application			
<b>Course 01</b>	<b>Course Description:</b>		
<b>Course Type</b>	<b>Cat</b>	<b>Theoretical/Practical</b>	<b>Action Required</b>
<input type="checkbox"/> Type Training Course <input type="checkbox"/> Differences Course <input type="checkbox"/> Airframe Only <input type="checkbox"/> Avionics Only <input type="checkbox"/> Engine Only	<input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B1 + B2 <input type="checkbox"/> C	<input type="checkbox"/> Theoretical <input type="checkbox"/> Practical <input type="checkbox"/> Theoretical + Practical	<input type="checkbox"/> Course Approval <input type="checkbox"/> Course Removal <input type="checkbox"/> One off Recognition
<b>Course 02</b>	<b>Course Description:</b>		
<b>Course Type</b>	<b>Cat</b>	<b>Theoretical/Practical</b>	<b>Action Required</b>
<input type="checkbox"/> Type Training Course <input type="checkbox"/> Differences Course <input type="checkbox"/> Airframe Only <input type="checkbox"/> Avionics Only <input type="checkbox"/> Engine Only	<input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B1 + B2 <input type="checkbox"/> C	<input type="checkbox"/> Theoretical <input type="checkbox"/> Practical <input type="checkbox"/> Theoretical + Practical	<input type="checkbox"/> Course Approval <input type="checkbox"/> Course Removal <input type="checkbox"/> One off Recognition
<b>Duplicate table as applicable, for each training course one table has to be completed.</b>			
8.2 Basic Training Course(s) – List of training courses relevant to this application			
<b>Course 01</b>			
<b>Course Type</b>			<b>Action Required</b>
<input type="checkbox"/> Basic Course <input type="checkbox"/> Bridging Course <input type="checkbox"/> Limitation Removal	<input type="checkbox"/> B1.1 (Aeroplanes Turbine) <input type="checkbox"/> B1.2 (Aeroplanes Piston) <input type="checkbox"/> B1.3 (Helicopters Turbine) <input type="checkbox"/> B1.3 (Helicopters Piston) <input type="checkbox"/> B2 Avionics <input type="checkbox"/> B3 <input type="checkbox"/> Other: please describe	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4	<input type="checkbox"/> Approval of Course <input type="checkbox"/> Removal of Course
<b>Course 02</b>			
<b>Course Type</b>			<b>Action Required</b>
<input type="checkbox"/> Basic Course <input type="checkbox"/> Bridging Course <input type="checkbox"/> Limitation Removal	<input type="checkbox"/> B1.1 (Aeroplanes Turbine) <input type="checkbox"/> B1.2 (Aeroplanes Piston) <input type="checkbox"/> B1.3 (Helicopters Turbine) <input type="checkbox"/> B1.3 (Helicopters Piston) <input type="checkbox"/> B2 Avionics <input type="checkbox"/> B3 <input type="checkbox"/> Other: please describe	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4	<input type="checkbox"/> Approval of Course <input type="checkbox"/> Removal of Course
<b>9. APPLICANTS DECLARATION AND ACCEPTANCE OF THE GENERAL CONDITIONS AND TERMS.</b>			



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I declare that I have the legal capacity to submit this application to the CAMA and that all information provided in this application form is correct and complete.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ location: \_\_\_\_\_

**10. COMMENTS AND SPONSOR'S SIGNATURE (IF APPLICABLE):**

Sponsor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**11. DOCUMENTS CHECKLIST / ATTACHEMENTS**  
(Please enclose the following documents in support of this application)

S. No.	Required Documents	Submitted (For CAMA Use Only)
1	Description of the equipment and facilities to be used	<input type="checkbox"/>
2	Economic department approval (if required)	<input type="checkbox"/>
3	Bank statement or letter of credit (if required)	<input type="checkbox"/>
4	Copies of curriculum manual/course syllabi or TNAs (Microsoft word format saved on a CD or USB)	<input type="checkbox"/>
5	One set of examination paper for each module/phase (Microsoft word format saved on a Cd)	<input type="checkbox"/>
6	Certificate of Incorporation or Trade Licence required for initial applications	<input type="checkbox"/>
7	Evidence of CAMA Legislation subscription.	<input type="checkbox"/>
8	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
9	Other (Specify if any): _____	

**12. CAMA ACTION**  
(For CAMA Use Only)

**12-1 INSPECTOR ASSIGNED TO THIS APPLICATION**

Forward       Request More Information       Reject       Approve

Comments of Inspector assigned to this application:

Name of Inspector assigned to this application: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**12-2 TRAINING CENTERS MANAGER / D.G. OF PEL & EXAMINATION**

Reject       Approve

Name of Training Centers Manager / D.G. of PEL & Examination: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_