



# SEYCHELLES CIVIL AVIATION AUTHORITY

## APPLICATION FOR CONTINUING AIRWORTHINESS MANAGEMENT ORGANISATION APPROVAL

Application for initial grant [ ] change [ ] (tick as appropriate)

1. Registered name of applicant:
2. Company Registration No:
3. Trading Name (if different):
4. Addresses requiring approval:

Tel:

Fax:

E mail

(Corporate address)

5. Scope of Approval relevant to this application:

6. Position and name of the (proposed\*)  
Accountable Manager:

8. Signature of the (proposed\*)  
Accountable Manager:

9. Place:

10. Date:

\* Applicable only in the case of a new applicant, delete otherwise

**Note: When completed this form should be returned to the Seychelles Civil Aviation Authority, Safety Regulation Division, Aiworthiness Inspectorate, PO Box 181, Seychelles International Airport, Mahe, Republic of Seychelles.**