



APPLICATION FOR CONTINUING AIRWORTHINESS MANAGEMENT ORGANISATION APPROVAL

Application for initial grant [] change [] Renewal [] (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:

7. Signature of the (proposed*)
Accountable Manager:

8. Place:

9. 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 and by email: gilessicobo@scaa.sc

