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| APPLICATION FOR MCAR-145/CAO/CAMO APPROVAL |

This application should be sent by email (preferred) or regular mail to the CAA. Contact details of the CAA can be found on the CAA website https://caa.gov.mv/contact.

airworthiness@caa.gov.mv

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| 1A. Identification of Activity | | | | |
| 1A.1 Application for | MCAR-145 Approval | MCAR-CAO Approval | | MCAR-CAMO Approval |
| 1A.2 Application Type | Initial application | |  | |
| Application for change | |  | |
| Organisation name  Address data  Nominated persons | | Rating(s)  Contact detail(s)  Transition to MCAR-CAMO | |
| Renewal [Applicable to MCAR-145 – Fill and send Sections 1A, 1B & IC ONLY] | | | |
| Notification of surrender | |  | |
| 1A.3 Scope of Approval relevant to this application | Provide information on this application’s scope - e.g.: A1 rating and D1 rating; Change of Quality Manager; Addition of a line station. Complete sections 8 to 10 (as applicable) for details of the scope of work. | | | |
| 1A.4 CAA Approval # | Please enter your CAA approval number (MV.145/CAO/CAMO/MG-XXXX) or N/A in case of inital application | | | |

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| 1B. Applicant’s declaration for the audit management platform | | |
| I, as Quality Manager of the Organisation, declare to be duly authorised to validly represent the company as detailed above for the purpose of accessing and using the CAA audit management platform (https://mvcaa.centrik.net/). | | |
| Enter date/location | Enter name |  |
| Date/Location | Name | Signature of Quality Manager |

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| 1C. Applicant’s declaration | | |
| I declare that I have the legal capacity to submit this application and that all information provided in this application form is correct and complete.  I declare to be aware that fees or charges levied by the CAA in accordance with MCAR-187 Aviation Charges, as well as all relevant travel costs must be paid whether or not the application is successful and that they might not be refundable. Moreover, I declare that I am aware of the consequences of non-payment. | | |
| Enter date/location | Enter name |  |
| Date/Location | Name | Signature of Accountable Manager\*\* |
| \*\*This field is mandatory: The signature of the (proposed) Accountable Manager is always required. | | |

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| Technical Application Data | | |
| 2. Applicant Address and Contact Data | | |
| 2.1 Registered Name and Address (registered name and legal seat of the company) | Registered Name | Registered Name as specified in the Certificate of Incorporation |
| Trading Name | if applicable, enter Trading Name/Doing Business-as Name |
| Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| 2.2 Contact Person (responsible for this application) | Title | Mr  Ms |
| Name |  |
| First name |  |
| Job title |  |
| Phone / Fax |  |
| Email |  |
| Important Note:An approval may be granted to an organisation which may be either a natural person, a legal entity or part of a legal entity. Would you therefore please include with this application confirmation of the legal status of your organisation and enclose a copy of your Certificate of Incorporation. | | |
| 2.3 Postal Data (addresses may be left blank, if same as 2.1 Applicant Data) | | |

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| 3. Number of staff  The total number of staff employed and contracted by the organisation in order to comply with MCAR-145/ CAO/CAMO | | |
|  | **a) Employees** | **b) Contractors** |
| **Total** |  |  |

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| 4. Addresses of site (s) requiring approval | | |
| 4.1 Principal place of business (may be left blank, if same as 2.1 Applicant Data) | Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| Airport Code | Enter IATA code of the Airport or “N/A” if not applicable |
| 4.2 Additional locations Enter “Not applicable” in the case the Additional Location where maintenance or continuing airworthiness functions are exercised are the same as 4.1 Principal Place of Business. | | |
| 4.2.1 Location 1 | Street / Nr | Enter “N/A” in the case the maintenance site is the same as PPB or in the case of CAA Form 2 used for MCAR-CAMO applications. |
| Post Code |  |
| City |  |
| Country |  |
| Airport Code | Enter IATA code of the Airport or “N/A” if not applicable |

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| 4.2.2 Location 2 | Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| Airport Code | Enter IATA code of the Airport or “N/A” if not applicable |

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| 4.2.n Location n | Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| Airport Code | Enter IATA code of the Airport or “N/A” if not applicable |

[duplicate table as applicable]

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| 4.3 Line Maintenance Location(s) Enter “Not applicable” in the case the Maintenance Site is the same as 4.1 Place of Business or in the case of CAA Form 2 used for MCAR-CA)/CAMO applications/approvals. | | |
| 4.3.1 Location 1 | Street / Nr | Enter “N/A” in the case the maintenance site is the same as PPB or in the case of CAA Form 2 used for MCAR-CAMO applications. |
| Post Code |  |
| City |  |
| Country |  |
| Airport Code | Enter IATA code of the Airport or “N/A” if not applicable |
| 4.3.2 Location 2 | Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| Airport Code | Enter IATA code of the Airport or “N/A” if not applicable |

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| 4.3.n Location n | Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| Airport Code | Enter IATA code of the Airport or “N/A” if not applicable |

[duplicate table as applicable]

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| 5. Contacts | | |
| 5.1 Accountable Manager | Title | Mr  Ms |
| Name |  |
| First name |  |
| Job title/Position |  |
| Phone/Fax |  |
| Email |  |
| 5.2A. Quality Manager | Title | Mr  Ms |
| Name |  |
| First name |  |
| Job title/Position |  |
| Phone/Fax |  |
| Email |  |
| 5.2B. Safety Manager | Title | Mr  Ms |
| Name |  |
| First name |  |
| Job title/Position |  |
| Phone/Fax |  |
| Email |  |
| **5.3. Organisation Generic Email** | | This address will be used for all technical communication |

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| 6. Other CAA approvals held by the applicant | | | |
| MCAR-145/CAO Approval | MV.145/CAO.XXX | MCAR-CAMO Approval | MV.MG.XXX |
| MCAR-147 AMTO Approval | MV.147.XXX | Maldivian AOC Approval | MV.147.XXX |

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| 7. Does the organisation has approvals from other regulatory authories?  Yes  No. If yes please provide details: | | |
| Approval ref: | Regulator: | Rating (s): |
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| 8. Scope of requested MCAR-145 Approval (\*) | | | | |
| (\*) in case of application for change of the scope of work, only the parts of this table affected by the change shall be completed. | | | | |
| 8.1 Class: Aircraft | | | | |
| Rating | | Limitation | Base | Line |
| A1 | Aeroplanes/airships above 5700 Kg | Quote the expected aircraft type to be added and/or deleted. Refer to Appendix I to AMC to MCAR-66. |  |  |
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| A2 | Aeroplanes/airships 5700 Kg and below | Quote the expected aircraft type to be added and/or deleted. Refer to Appendix I to AMC to MCAR-66. |  |  |
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| A3 | Helicopters | Quote the expected aircraft type to be added and/or deleted. Refer to Appendix I to AMC to MCAR-66. |  |  |
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| A4 | Aircraft other than A1, A2 or A3 | Quote aircraft type or group |  |  |
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[duplicate rows as applicable]

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| 8.2 Class: Engines | | |
| Rating | | Limitation |
| B1 | Turbine | Quote the expected engine type(s) to be added and/or deleted as defined in the engine TCDS |
| B2 | Piston | Quote engine manufacturer or group or type(s) to be added and/or deleted as defined by the OEM |
| B3 | APU | Quote the expected APU type(s) to be added and/or deleted as defined by the OEM |

[duplicate rows as applicable]

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| 8.3 Class: Components other than complete engines or APU’s | | |
| Rating | | Limitation |
| Cx | [Quote rating] | State aircraft type or aircraft manufacturer or component manufacturer or the particular component and/or the maintenance task(s) and/or cross refer to a capability list in the exposition |

[duplicate rows as applicable]

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| 8.4 Class: Specialised Services | | | |
| Rating | | Limitation | |
| D1 | Non Destructive Testing |  | Eddy Current Inspection |
|  | Liquid Penetrant Inspection |
|  | Magnetic Particle Inspection |
|  | Radiography Inspection |
|  | Shearography Inspection |
|  | Thermography Inspection |
|  | Ultrasonic Inspection |
|  | Other methods (Specify below) |
|  |  | Quote specialised activities (such as NDT, painting, welding, plating, plasma spray, heat treatment, etc.) intended to be performed in the “course of maintenance” under any rating (Ax, Bx or Cx). These activities do not need to be mentioned if contracted | |

[duplicate rows as applicable]

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| 8B. Scope of requested MCAR-CAO Approval (\*) | | |
| (\*) in case of application for change of the scope of work, only the parts of this table affected by the change shall be completed. | | |
| 8B.1 Class: Aircraft | | |
| Rating | Privileges | |
| Aeroplanes — other-than-complex motor-powered aircraft |  | Maintenance |
|  | Continuing-airworthiness management |
| Aeroplanes up to 2 730 kg maximum take-off mass (MTOM) |  | Maintenance |
|  | Continuing-airworthiness management |
| Helicopters — other-than-complex motor-powered aircraft |  | Maintenance |
|  | Continuing-airworthiness management |
| Helicopters up to 1 200 kg MTOM, certified for a maximum of up to 4 occupants |  | Maintenance |
|  | Continuing-airworthiness management |
| Airships |  | Maintenance |
|  | Continuing-airworthiness management |
| Balloons |  | Maintenance |
|  | Continuing-airworthiness management |
| Sailplanes |  | Maintenance |
|  | Continuing-airworthiness management |

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| 8B.2 Class: Componenets | | |
| Rating | Privileges | |
| Complete piston engines |  | Maintenance |
| Complete piston engines |
| Electrical engines |
| Components other than complete engines |

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| 8B.3 Class: Specialised Services | | | |
| Rating | | Limitation | |
| D1 | Non Destructive Testing |  | Eddy Current Inspection |
|  | Liquid Penetrant Inspection |
|  | Magnetic Particle Inspection |
|  | Radiography Inspection |
|  | Shearography Inspection |
|  | Thermography Inspection |
|  | Ultrasonic Inspection |

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| 9. Scope of requested MCAR-CAMO Approval (\*) Please do NOT enter any data in this table in case of MCAR-145 or MCAR-CAO application | | | |
| (\*) in case of application for change of the scope of work, only the parts of this table affected by the change shall be completed. | | | |
| Rating | | Aircraft type/series/group (with engine type) | Subcontracted Organisations |
| A1 | Aeroplanes/airships above 5700 Kg |  |  |
|  |  |
| A2 | Aeroplanes/airships 5700 Kg and below |  |  |
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| A3 | Helicopters |  |  |
|  |  |
| A4 | Aircraft other than A1, A2 or A3 |  |  |
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| 10. Sub-contracted organisations working under this approval | |
| Name/Address | Enter N/A in case of MCAR-145 or MCAR-CAO |
| Name/Address | Enter N/A in case of MCAR-145 or MCAR-CAO |

[add rows as applicable]