

**Барање за иницијално одобрување или промена на Парт CAMO**  
*Application for Part CAMO for initial or change approval*

Note 1: In paper form, this application is submitted directly or sent by mail to the address indicated in the header

Note 2: Together with the application, please submit paid fee according to the tariff and administrative fee

Please fill all the necessary data:

| APPLICANT                     |  |
|-------------------------------|--|
| Registered name of applicant: |  |
| Trading name (if different):  |  |
| Address                       |  |
| Tel. .... Fax .....           |  |
| E-mail .....                  |  |

|   |   |
|---|---|
| 1) Application for:                               |   |
| a) <input type="checkbox"/> Initial approval      |   |
| b) <input type="checkbox"/> Change (tick change): |   |
| <input type="checkbox"/> Name of the organization | <input type="checkbox"/> Nominated persons <input type="checkbox"/> Scope of work |
| <input type="checkbox"/> Other site addresses     | <input type="checkbox"/> Accountable manager                                      |
| <input type="checkbox"/> Other relevant:          |   |
| 2) Addresses requiring approval:                  |   |

3) Part CAMO scope of approval relevant to this application:

| Aircraft type/series/group | Airworthiness review authorised | Permits to fly authorised | Subcontracted organisations |
|----------------------------|---------------------------------|---------------------------|-----------------------------|
|                            | YES                             | YES                       |                             |
|                            | <input type="checkbox"/>        | <input type="checkbox"/>  |                             |
|                            | <input type="checkbox"/>        | <input type="checkbox"/>  |                             |
|                            | <input type="checkbox"/>        | <input type="checkbox"/>  |                             |
|                            | <input type="checkbox"/>        | <input type="checkbox"/>  |                             |
|                            | <input type="checkbox"/>        | <input type="checkbox"/>  |                             |
|                            | <input type="checkbox"/>        | <input type="checkbox"/>  |                             |

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

\_\_\_\_\_

5) Signature of the (proposed\*) Accountable Manager:

\_\_\_\_\_

6) Place:

\_\_\_\_\_

7) Date:

\_\_\_\_\_

\* Applicable only in case of new applicant