



**PRE-APPLICATION QUESTIONNAIRE**

Completed by an authorised representative of a potential organisation

This questionnaire is completed for the purpose of the initial evaluation of the future organisation, and in order to adequately focus the future applicant depending on its complexity and the nature of the risk, in further steps before the North Macedonian Civil Aviation Agency.

**1. ORGANISATION GENERAL INFO.**

TYPE OF POTENTIAL ORGANISATION:

- a) Part CAMO**       **b) Part CAO**       **c) Part 145**       **d) Part 147**

1. Name of the organization and name of the person authorized to represent the party:

2. Address from which organization will exercise operational control over its activities:

3. Organization's scope of approval (state the details: aircraft types, categories, base and or line maintenance):

4. Intended start date of the operational work of the organization?



| <b>2. RESPONSIBLE PERSONNEL</b>                     |                         |                                    |
|---|-------------------------|------------------------------------|
| <b>POSITION:</b>                                    | <b>Name and Surname</b> | <b>Telephone number and e-mail</b> |
| Accountable Manager<br>(attach CV)                  |                         |                                    |
| Quality Manager /CMM:<br>(attach CV)                |                         |                                    |
| Safety Manager:<br>(attach CV)                      |                         |                                    |
| Continuing airworthiness<br>manager:<br>(attach CV) |                         |                                    |
| Maintenance Manager:<br>(attach CV)                 |                         |                                    |
| Training Manager:<br>(attach CV)                    |                         |                                    |
| Examination Manager:<br>(attach CV)                 |                         |                                    |
| <b>3. OTHER IMPORTANT PERSONELL</b>                 |                         |                                    |
| <b>POSITION:</b>                                    | <b>Name and Surname</b> | <b>Telephone number and e-mail</b> |
|   |                         |                                    |
|   |                         |                                    |
|   |                         |                                    |





**PRE-APPLICATION QUESTIONNAIRE**  
**Airworthiness and register department**

| <b>7. LIST SUBCONTRACTED ORGANIZATIONS:</b>                                     |                                   |
|---|-----------------------------------|
| <b>Name of organization, Main address, Facility address</b>                     | <b>Contact mail and telephone</b> |
| 1.  |                                   |
| 2.  |                                   |
| 3.  |                                   |
| 4.  |                                   |
| 5.  |                                   |
| <b>8. OTHER IMPORTANT INFORMATION OR QUESTIONS RELATED TO APPROVAL PROCESS:</b> |                                   |
|   |                                   |
| <b>9. NAME AND SURNAME OF THE PERSON AUTHORIZED TO REPRESENT THE PARTY</b>      | <b>DATE AND SIGNATURE:</b>        |
|   |                                   |