



PRE-APPLICATION QUESTIONNAIRE ANNEX I

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.

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?



2. RESPONSIBLE PERSONNEL			
POSITION:	Name and Surname	Telephone number and e-mail	
Accountable Manager (attach CV)			
Quality Manager / CMM: (attach CV)			
Safety Manager: (attach CV)			
Maintenance Manager: (attach CV)			
3. OTHER IMPORTANT PERSONELL			
POSITION:	Name and Surname	Telephone number and e-mail	
4. Number of operational staff that the organization plans to employ:		Permanently employed	Contracted personnel
Number of CRS staff			
Other staff			
5. Address of the location where the activities for which approval is sought will be carried out (Hangar of the base station, line station,):			
1.			
2.			
3.			
4.			



6. LIST ACTIVITIES THAT ORGANISATION WILL SUBCONTRACT:

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7. LIST SUBCONTRACTED ORGANIZATIONS:

Name of organization, Main address, Facility address	Contact mail and telephone
1.	
2.	
3.	
4.	
5.	



8. OTHER IMPORTANT INFORMATION OR QUESTIONS RELATED TO APPROVAL PROCESS:

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9. NAME AND SURNAME OF THE PERSON AUTHORIZED TO REPRESENT THE PARTY	DATE AND SIGNATURE: