



**Барање за иницијално одобрување/промена на организација
за одржување на Анекс I воздухоплови**
Application for initial/change approval for AMO Annex I

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) Scope of approval relevant to this application:

CLASS	RATING		LIMITATION	BASE	LINE
				YES	YES
AIRCRAFT	<input type="checkbox"/>	A1 Airplanes above 5.700 kg		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	A2 airplanes 5.700 kg and below		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	A3 Helicopters		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	A4 Aircraft other than A1, A2 and A3		<input type="checkbox"/>	<input type="checkbox"/>
ENGINES	<input type="checkbox"/>	B1 Turbine		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	B2 Piston		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	B3 APU		<input type="checkbox"/>	<input type="checkbox"/>
COMPONENTS OTHER THAN COMPLETE ENGINES OR APUs	<input type="checkbox"/>	C1 Air Cond & Press		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C2 Auto flight		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C3 Comms & Nav		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C4 Doors – Hatches		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C5 Electrical power & Lights		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C6 Equipment		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C7 Engine – APU		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C8 Flight Controls		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C9 Fuel		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C10 Helicopter – rotors		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C11 Helicopter – trans		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C12 Hydraulic Power		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C13 Indicating – recording system		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C14 Landing Gear		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C15 Oxygen		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C16 Propellers		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C17 Pneumatic & Vacuum		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C18 Protection ice/rain/fire		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C19 Windows		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C20 Structural		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C21 Water ballast		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	C22 Propulsion Augmentation		<input type="checkbox"/>	<input type="checkbox"/>

SPECIALISED SERVICES	<input type="checkbox"/>	D1 Non-Destructive Testing		<input type="checkbox"/>	<input type="checkbox"/>
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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