



**GUYANA CIVIL AVIATION AUTHORITY
AVIATION SAFETY AND SECURITY DIRECTORATE**

Form#: GCAA/AIR/ 2672
Origin: Airworthiness
Rev 01

**APPLICATION FOR INITIAL ISSUE, RENEWAL AND CHANGES OF APPROVED
MAINTENANCE ORGANISATION CERTIFICATE AND RATINGS**

1a. OFFICIAL NAME OF AMO: AMO NUMBER:	1b. LOCATION WHERE BUSINESS IS CONDUCTED:														
1c. AMO OFFICIAL MAILING ADDRESS:	1d. DOING BUSINESS AS:														
1e. LINE MAINTENANCE LOCATION:	2. REASON(S) FOR SUBMISSION (TICK [✓] APPROPRIATE BOX(ES): <input type="checkbox"/> Original certification for Certificate and Rating <input type="checkbox"/> Renewal <input type="checkbox"/> Change in Location or Housing and Facilities <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Ratings/Capabilities <input type="checkbox"/> Other Specify: _____ _____ _____														
3 RATINGS APPLIED FOR:															
<input type="checkbox"/> AIRFRAME: <input type="checkbox"/> CLASS 1 <input type="checkbox"/> CLASS 5 <input type="checkbox"/> CLASS 2 <input type="checkbox"/> CLASS 6 <input type="checkbox"/> CLASS 3 <input type="checkbox"/> CLASS 7 <input type="checkbox"/> CLASS 4	<input type="checkbox"/> POWERPLANT: <input type="checkbox"/> CLASS 1 <input type="checkbox"/> CLASS 2 <input type="checkbox"/> CLASS 3														
<input type="checkbox"/> PROPELLER: <input type="checkbox"/> CLASS 1 <input type="checkbox"/> CLASS 2	<input type="checkbox"/> AVIONICS: <input type="checkbox"/> CLASS 1 <input type="checkbox"/> CLASS 2 <input type="checkbox"/> CLASS 3														
<input type="checkbox"/> COMPUTER: <input type="checkbox"/> CLASS 1 <input type="checkbox"/> CLASS 2 <input type="checkbox"/> CLASS 3	<input type="checkbox"/> INSTRUMENT: <input type="checkbox"/> CLASS 1 <input type="checkbox"/> CLASS 2 <input type="checkbox"/> CLASS 3 <input type="checkbox"/> CLASS 4														
<input type="checkbox"/> ACCESSORIES: <input type="checkbox"/> CLASS 1 <input type="checkbox"/> CLASS 2 <input type="checkbox"/> CLASS 3 <input type="checkbox"/> CLASS 4	<input type="checkbox"/> LIMITED: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> AIRFRAME</td> <td style="width:33%;"><input type="checkbox"/> LANDING GEAR</td> <td style="width:33%;"><input type="checkbox"/> FABRIC</td> </tr> <tr> <td><input type="checkbox"/> POWERPLANT</td> <td><input type="checkbox"/> FLOATS</td> <td><input type="checkbox"/> EMERGENCY EQUIPMENT</td> </tr> <tr> <td><input type="checkbox"/> PROPELLER</td> <td><input type="checkbox"/> AVIONICS</td> <td rowspan="3" style="vertical-align: top;"><input type="checkbox"/> NON-DESTRUCTIVE TESTING (NDT)</td> </tr> <tr> <td><input type="checkbox"/> INSTRUMENTS</td> <td><input type="checkbox"/> COMPUTER</td> </tr> <tr> <td><input type="checkbox"/> ACCESSORIES</td> <td><input type="checkbox"/> ROTOR BLADES</td> </tr> </table>	<input type="checkbox"/> AIRFRAME	<input type="checkbox"/> LANDING GEAR	<input type="checkbox"/> FABRIC	<input type="checkbox"/> POWERPLANT	<input type="checkbox"/> FLOATS	<input type="checkbox"/> EMERGENCY EQUIPMENT	<input type="checkbox"/> PROPELLER	<input type="checkbox"/> AVIONICS	<input type="checkbox"/> NON-DESTRUCTIVE TESTING (NDT)	<input type="checkbox"/> INSTRUMENTS	<input type="checkbox"/> COMPUTER	<input type="checkbox"/> ACCESSORIES	<input type="checkbox"/> ROTOR BLADES	<input type="checkbox"/> SPECIALISED SERVICES (LIST PROCESS SPECIFICATION(S): _____ _____ _____
<input type="checkbox"/> AIRFRAME	<input type="checkbox"/> LANDING GEAR	<input type="checkbox"/> FABRIC													
<input type="checkbox"/> POWERPLANT	<input type="checkbox"/> FLOATS	<input type="checkbox"/> EMERGENCY EQUIPMENT													
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<input type="checkbox"/> INSTRUMENTS	<input type="checkbox"/> COMPUTER														
<input type="checkbox"/> ACCESSORIES	<input type="checkbox"/> ROTOR BLADES														
4. LIST MAINTENANCE FUNCTIONS CONTRACTED TO AN OUTSIDE ORGANISATION:															
5. APPLICANT CERTIFICATION: Name of Owner (Include name(s) of individual Owner, all partners, or corporation name given the state, province, or country and date of incorporation). _____ _____ I hereby certify that I have been authorized by the Approved Maintenance Organisation identified in Item 1 above to make this application and that statements attached hereto are true and correct to the best of my knowledge. _____ <table style="width:100%; border: none;"> <tr> <td style="width:25%; border-top: 1px solid black; text-align: center;">AUTHORIZED SIGNATURE</td> <td style="width:25%; border-top: 1px solid black; text-align: center;">DATE (dd/mm/yy)</td> <td style="width:25%; border-top: 1px solid black; text-align: center;">NAME OF AUTHORIZED SIGNATURE</td> <td style="width:25%; border-top: 1px solid black; text-align: center;">TITLE</td> </tr> </table>		AUTHORIZED SIGNATURE	DATE (dd/mm/yy)	NAME OF AUTHORIZED SIGNATURE	TITLE										
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FOR GCAA USE ONLY			
RECORD OF ACTION AMO INSPECTION			
<p>6. REMARKS (IDENTIFY BY ITEM NUMBER, INCLUDING DEFICIENCIES FOUND AND RATINGS DENIED):</p>			
7.	FINDINGS/RECOMMENDATIONS: (TICK [✓] APPROPRIATE BOX[ES])	8.	DATE OF INSPECTION:
	<input type="checkbox"/> Station was found to comply with requirements of Civil Aviation Regulations.		
	<input type="checkbox"/> Station was found to comply with requirements of Civil Aviation Regulations, EXCEPT for deficiencies listed in Item 6.		
	<input type="checkbox"/> Recommend Certificate with rating applied for on application be issued.		
	<input type="checkbox"/> Recommend Certificate with rating applied for on application (EXCEPT those listed in Item 6) be issued.		
	<input type="checkbox"/> Foreign AMO was found to comply with the requirements of Civil Aviation Regulations.		
9.	GCAA OFFICE:	SIGNATURE OF INSPECTORS:	NAME OF INSPECTORS: (BLOCK LETTERS)
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
10.	SUPERVISING OR ASSIGNED INSPECTOR:		
ACTION TAKEN: (TICK [✓] APPROPRIATE BOX)	CERTIFICATE NUMBER ISSUED: (NUMBER AS SHOWN ON CERTIFICATE)	INSPECTOR'S SIGNATURE:	INSPECTOR'S TITLE:
<input type="checkbox"/> Approved	_____	_____	_____
<input type="checkbox"/> Disapproved	CERTIFICATE DATE ISSUED: (DATE AS SHOWN ON CERTIFICATE)	INSPECTOR'S NAME:	
	_____	_____	