



Barbados Civil Aviation Department

Application for Approved Maintenance Organisation Certificate and/or Ratings

1. Approved Maintenance Organisation Name, Number, Location and Address a. Official Name of Maintenance Organisation: _____ Number: _____ b. Location where business is conducted: _____ c. Official Mailing Address of Approved Maintenance Organisation (Parish, District, Street & Zip) _____ d. Doing Business as: _____		2. Reason for Submission <input type="checkbox"/> Original Application for Certificate and Rating <input type="checkbox"/> Change in Rating <input type="checkbox"/> Change in Location or Housing <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Other (Specify) _____ _____ _____ _____			
3. Ratings Applied for:					
<input type="checkbox"/> Airframe <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <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"/> Accessories <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"/> Limited <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Propeller <input type="checkbox"/> Instruments	<input type="checkbox"/> Accessories <input type="checkbox"/> Landing Gear <input type="checkbox"/> Floats <input type="checkbox"/> Avionics	<input type="checkbox"/> Computer <input type="checkbox"/> Rotor Blades <input type="checkbox"/> Fabric <input type="checkbox"/> Emergency Equip. <input type="checkbox"/> Non-Dest. Test	<input type="checkbox"/> Specialised Service (List Process Specification(s)) _____ _____ _____		
4. List of Maintenance Functions contracted to an outside Organisation: 					
5. Applicant's 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 authorised by the approved maintenance organization identified in item 1 above to make this application and that statements attached hereto are true and correct to the best of my knowledge.					
Date:	Authorised Signature:	Print Name of Authorised Signature:	Title:		

For BCAD Use Only	Record of Action Approved Maintenance Organisation Inspection	For BCAD Use Only
<p>6. Remarks (Identify by item number. Include deficiencies found ratings denied)</p>		
7. Findings - Recommendations		8. Date of Inspection
<input type="checkbox"/> A. Station was found to comply with requirements of Civil Aviation (AMO) Regulations <input type="checkbox"/> B. Station was found to comply with requirements of Civil Aviation (AMO) Regulations, except for deficiencies listed in Item 6. <input type="checkbox"/> C. Recommend Certificate with rating applied for on application be issued. <input type="checkbox"/> D. Recommend Certificate with rating applied for on application (EXCEPT those listed in Item 6) be issued.		
9. BCAD Office	Signature(s) of Inspector(s)	Printed Names of Inspectors
10. Supervising or Assigned Inspector		
ACTION TAKEN <input type="checkbox"/> APPROVED As shown on certificate Issued on date shown <input type="checkbox"/> DISAPPROVED	CERTIFICATE ISSUED Number Date	Inspector's Signature Inspector's Printed Name Title