



TTCAA Safety Regulations

Pursuant to *Trinidad and Tobago Civil Aviation Regulations, 2004.*

APPLICATION FOR APPROVED MAINTENANCE ORGANISATION CERTIFICATE AND RATINGS

Trinidad and Tobago Civil Aviation Authority		Application for Approved Maintenance Organisation Certificate and Ratings		
1. Approved Maintenance Organisation Name, Number, Location and Address		2. Reasons for Submission		
a. Official Name of Maintenance Organisation:	Number:	<input type="checkbox"/> Original Application for Certificate and Rating <input type="checkbox"/> Change in Rating <input type="checkbox"/> Change in Location or Housing and Facilities <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Other (Specify)		
b. Location where business is conducted:				
c. Official Mailing Address of Approved Maintenance Organisation (Number, Street, City, State, & Zip)				
d. Doing Business As:				
e. Line Maintenance Location				
3. Ratings Applied for:				
Aircraft <input type="checkbox"/> A1 – Aeroplane > 5700Kg <input type="checkbox"/> A2 – Aeroplane < 5700 Kg <input type="checkbox"/> A3 – Rotorcraft	Engine <input type="checkbox"/> B1 – Turbine <input type="checkbox"/> B2 – Piston <input type="checkbox"/> B3 – APU	Components <input type="checkbox"/> C 1 <input type="checkbox"/> C 2 <input type="checkbox"/> C 3 <input type="checkbox"/> C 4 <input type="checkbox"/> C 5	<input type="checkbox"/> C 6 <input type="checkbox"/> C 7 <input type="checkbox"/> C 8 <input type="checkbox"/> C 9 <input type="checkbox"/> C 10	<input type="checkbox"/> C 11 <input type="checkbox"/> C 12 <input type="checkbox"/> C 13 <input type="checkbox"/> C 14 <input type="checkbox"/> C 15
		<input type="checkbox"/> C 16 <input type="checkbox"/> C 17 <input type="checkbox"/> C 18 <input type="checkbox"/> C 19 <input type="checkbox"/> C 20	Specialized Services <input type="checkbox"/> D 1 <input type="checkbox"/> D 2 <input type="checkbox"/> D 3 <input type="checkbox"/> D 4	
<input type="checkbox"/> Specialised Service (List Process Specification(s))				
4. List of Maintenance Functions contracted to an outside Organisation:				
5. Applicants 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 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.				
Date:	Authorised Signature:	Print Name of Authorised Signature:	Title:	



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For TTCAA Use Only	Record of Action Approved Maintenance Organisation Inspection	For TTCAA Use Only	
6. Remarks (Identify by item number. Include deficiencies found ratings denied)			
7. Findings - Recommendations		8. Date of Inspection	
<input type="checkbox"/> A. Station was found to comply with requirements of TTCAR NO.6. <input type="checkbox"/> B. Station was found to comply with requirements of TTCAR NO.6, 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. <input type="checkbox"/> E. Foreign AMO was found to comply with the requirements of TTCAR No. 6:8 (3).			
9. TTCAA 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	CERTIFICATE ISSUED Number	Inspector's Signature	
<input type="checkbox"/> DISAPPROVED issued on date shown	Date	Inspector's Printed Name	Title