



<b>SECTION:</b>	<b>LICENSING FORMS</b>	<b>LIF-ETO-010</b>
<b>TITLE:</b>	<b>APPLICATION FOR MAINTENANCE TRAINING ORGANIZATION APPROVAL</b>	

1- APPLICATION TYPE				
PLEASE TICK (✓) IN THE APPROPRIATE BOX & FILL WHEREVER IS APPLICABLE				
<input type="checkbox"/> Initial Issue		<input type="checkbox"/> Variation		<input type="checkbox"/> Renewal
<b>2. TRAINING ORGANIZATION</b>			<b>3. R.O.Y. NATIONAL SPONSOR</b>	
Company Name: _____			Name: _____	
Owner's Name: _____			Address: _____	
Name of Accountable Manager: _____			Contact No: _____	
Contact No: _____				
E-MAIL: _____				
Address: _____				
4. CAMA APPROVALS HELD BY THE ORGANIZATION				
Does the organisation hold any CAMA approvals under YCARs?			<input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please complete the following items):	
Approval Number	Type of Approval	Scope of Approval	Date of Approval	
5. APPROVALS HELD FROM OTHER ICAO CONTRACTING STATES AUTHORITIES				
Authority	Approval Number	Type of Approval	Scope of Approval	Date of Approval
6. PRINCIPAL BASE OF OPERATIONS				
Address:				
Country				
Contact No:				
Facsimile:				
E-mail:				
6.1 Additional Facility/Sites Requiring Approval				
6.1.1 Additional Facility/Site 1				
Address:				
Country				
Contact No:				
Facsimile:				
E-mail:				



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<b>6.1.2 Additional Facility/Site 2</b>	
Address:	
Country	
Contact No:	
Facsimile:	
E-mail:	
<b>7. PERSONNEL TO BE APPROVED/ ACCEPTED BY THE AUTHORITY:</b>	
<b>1- Contact Person (Responsible for this application)</b>	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
	Name:
	Job Title:
	Phone Number:
	Email:
<b>2- Accountable Manager</b>	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
	Name:
	Phone Number:
	Email:
<b>3- Quality Manager</b>	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
	Name:
	Phone Number:
	Email:
<b>4- Training Manager</b>	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
	Name:
	Phone Number:
	Email:
<b>5- Examination Manager</b>	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
	Name:
	Phone Number:
	Email:
<b>6- Other personnel (Please specify)</b>	



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**8. SCOPE AND RATINGS APPLIED FOR**

**8.1 Type Training Course(s) – List of training courses relevant to this application**

<b>Course 01</b>	<b>Course Description:</b>		
<b>Course Type</b>	<b>Cat</b>	<b>Theoretical/Practical</b>	<b>Action Required</b>
<input type="checkbox"/> Type Training Course <input type="checkbox"/> Differences Course <input type="checkbox"/> Airframe Only <input type="checkbox"/> Avionics Only <input type="checkbox"/> Engine Only	<input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B1 + B2 <input type="checkbox"/> C	<input type="checkbox"/> Theoretical <input type="checkbox"/> Practical <input type="checkbox"/> Theoretical + Practical	<input type="checkbox"/> Course Approval <input type="checkbox"/> Course Removal <input type="checkbox"/> One off Recognition

<b>Course 02</b>	<b>Course Description:</b>		
<b>Course Type</b>	<b>Cat</b>	<b>Theoretical/Practical</b>	<b>Action Required</b>
<input type="checkbox"/> Type Training Course <input type="checkbox"/> Differences Course <input type="checkbox"/> Airframe Only <input type="checkbox"/> Avionics Only <input type="checkbox"/> Engine Only	<input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B1 + B2 <input type="checkbox"/> C	<input type="checkbox"/> Theoretical <input type="checkbox"/> Practical <input type="checkbox"/> Theoretical + Practical	<input type="checkbox"/> Course Approval <input type="checkbox"/> Course Removal <input type="checkbox"/> One off Recognition

**Duplicate table as applicable, for each training course one table has to be completed.**

**8.2 Basic Training Course(s) – List of training courses relevant to this application**

<b>Course 01</b>			
<b>Course Type</b>			<b>Action Required</b>
<input type="checkbox"/> Basic Course <input type="checkbox"/> Bridging Course <input type="checkbox"/> Limitation Removal	<input type="checkbox"/> B1.1 (Aeroplanes Turbine) <input type="checkbox"/> B1.2 (Aeroplanes Piston) <input type="checkbox"/> B1.3 (Helicopters Turbine) <input type="checkbox"/> B1.3 (Helicopters Piston) <input type="checkbox"/> B2 Avionics <input type="checkbox"/> B3 <input type="checkbox"/> Other: please describe	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4	<input type="checkbox"/> Approval of Course <input type="checkbox"/> Removal of Course

<b>Course 02</b>			
<b>Course Type</b>			<b>Action Required</b>
<input type="checkbox"/> Basic Course <input type="checkbox"/> Bridging Course <input type="checkbox"/> Limitation Removal	<input type="checkbox"/> B1.1 (Aeroplanes Turbine) <input type="checkbox"/> B1.2 (Aeroplanes Piston) <input type="checkbox"/> B1.3 (Helicopters Turbine) <input type="checkbox"/> B1.3 (Helicopters Piston) <input type="checkbox"/> B2 Avionics <input type="checkbox"/> B3 <input type="checkbox"/> Other: please describe	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4	<input type="checkbox"/> Approval of Course <input type="checkbox"/> Removal of Course



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**9. APPLICANTS DECLARATION AND ACCEPTANCE OF THE GENERAL CONDITIONS AND TERMS.**

I declare that I have the legal capacity to submit this application to the CAMA and that all information provided in this application form is correct and complete.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ location: \_\_\_\_\_

**10. COMMENTS AND SPONSOR'S SIGNATURE (IF APPLICABLE):**

Sponsor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**11. DOCUMENTS CHECKLIST / ATTACHEMENTS**  
(Please enclose the following documents in support of this application)

S. No.	Required Documents	Submitted (For CAMA Use Only)
1	Description of the equipment and facilities to be used	<input type="checkbox"/>
2	Approval of local Emirate department of Civil aviation (if required)	<input type="checkbox"/>
3	Economic department approval (if required)	<input type="checkbox"/>
4	Bank statement or letter of credit (if required)	<input type="checkbox"/>
5	Copies of curriculum manual/course syllabi or TNAs (Microsoft word format saved on a CD or USB)	<input type="checkbox"/>
6	One set of examination paper for each module/phase (Microsoft word format saved on a Cd)	<input type="checkbox"/>
7	Certificate of Incorporation or Trade Licence required for initial applications	<input type="checkbox"/>
8	Evidence of E-Services subscription.	<input type="checkbox"/>
9	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
10	Other (Specify if any): _____	

**12. CAMA ACTION**  
(For CAMA Use Only)

**12-1 INSPECTOR ASSIGNED TO THIS APPLICATION**

Forward       Request More Information       Reject       Approve

Comments of Inspector assigned to this application:

Name of Inspector assigned to this application: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**12-2 TRAINING CENTERS MANAGER / D.G. OF PEL & EXAMINATION**

Reject       Approve

Name of Training Centers Manager / D.G. of PEL & Examination: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_