SEYCHELLES CIVIL AVIATION AUTHORITY

Application for

Part-145 Approval ☐ **Part-CAMO Approval** ☐ **Part-CAO Approval** ☐

Initial ☐ **Change** ☐ **Renewal** ☐ **(applicable for foreign AMO)** tick as appropriate

1. **Registered name of applicant:**

2. **Company Registration No** (Submit document of incorporation of organization):

3. **Trading name (if different):**

4. **Addresses requiring approval:**

   Primary site:

   Tel. ..... Fax. .....

   E-mail .....

   Other sites:

5. **Scope of Approval relevant to this application:**

6. **Is company EASA Part 145 approved: Yes/No Approval Reference:**

7. **Position and name of the (proposed*) Accountable Manager:**

   ……..

8. **Signature of the (proposed*) Accountable Manager:**

   I declare that the above perticulars and documents submitted with this application are true in every respect

   ……..

9. **Place: …….**

10. **Date: ……..**

* Applicable only in the case of a new applicant, delete otherwise

Note. - This application must be accompanied by all necessary supporting documents.

Note: When completed this form should be returned to the Seychelles Civil Aviation Authority, Safety & Security Regulation Department, Aiworthiness Inspectorate, PO Box 181, D'Offay Building, Providence, Mahe, Republic of Seychelles and by email: gilessicobo@scaa.sc

11. Attachment: Checklist of documents to be submitted

No.	*Document*	*Document reference*	*Remarks*
1	Compliance checklist		
2	Exposition manual - MOE, CAME, CAE (as applicable)		
3	Quality Management Manual (if applicable)		
4	Safety Management Manual (If applicable)		
5	List of qualified/authorized personnel (if applicable)		
6	List of approval currently held		
7	Others, as required (please specify)		