



# NIGERIAN CIVIL AVIATION AUTHORITY

AVIATION HOUSE

P. M. B. 21029, 21038, Ikeja, Lagos, Nigeria

## FORM: AC-AWS006H

### PRE-APPLICATION STATEMENT OF INTENT (PASI)/ APPLICATION FORM

To be completed by an applicant for an Approved Maintenance Organisation /  
Continuing Airworthiness Management Organisation

**Section 1: To be completed by applicant.**

1. Name and mailing address of company (include business name if different from company name).	2. Address of the principal (main) base where operations will be conducted.
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3. Proposed Start-up Date: \_\_\_\_\_

4. Management and Key Staff Personnel.

Name (Surname/First/Middle).	Title.	Telephone (include mobile) & address (if different from company) include country code.

5. Proposed type of Approved Maintenance Organisation **Class Rating(s)**. Nig. CAR 6.2.1.10  
(Tick as many as applicable)

Airframe	Power-plant	Components			Specialized Services
<input type="checkbox"/> (a) (i) <input type="checkbox"/> (a) (ii) <input type="checkbox"/> (a) (iii) <input type="checkbox"/> (a) (iv)	<input type="checkbox"/> (b) (i) <input type="checkbox"/> (b) (ii) <input type="checkbox"/> (b) (iii)	<input type="checkbox"/> (c) (i) <input type="checkbox"/> (c) (ii) <input type="checkbox"/> (d) (i) <input type="checkbox"/> (d) (ii) <input type="checkbox"/> (d) (iii)	<input type="checkbox"/> (e) (i) <input type="checkbox"/> (e) (ii) <input type="checkbox"/> (e) (iii) <input type="checkbox"/> (e) (iv) <input type="checkbox"/> (f) (i)	<input type="checkbox"/> (f) (ii) <input type="checkbox"/> (f) (iii) <input type="checkbox"/> (g) (i) <input type="checkbox"/> (g) (ii) <input type="checkbox"/> (c) (iii)	<input type="checkbox"/> (g) (iv) <input type="checkbox"/> (3) (a) <input type="checkbox"/> (3) (b)

6. Proposed type of **Limited Rating(s)**. Nig. CAR 6.2.1.11 (CAMO applicants should tick 'Airframe' and give manufacturer and model details below)  
(Tick as many as applicable)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Airframe.     | <input type="checkbox"/> Accessories     | <input type="checkbox"/> Rotor                  | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Power plant . | <input type="checkbox"/> Landing gear    | <input type="checkbox"/> Fabric                 | <input type="checkbox"/> Specialised Services (List Process Specifications) |
| <input type="checkbox"/> Propeller.    | <input type="checkbox"/> Floats          | <input type="checkbox"/> Emergency Equipment    |   |
| <input type="checkbox"/> Instruments.  | <input type="checkbox"/> Avionics/ radio | <input type="checkbox"/> Non- Destructive Test. |   |

Scope and Limitation of Ratings applied for:

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Scope and Limitation of Specialised Services applied for:

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7. Additional information that provides a better understanding of the proposed operation or business (Attach additional sheets, if necessary).

**8. The statement and information contained on this form denotes an intention to apply for an AMO / CAMO Approval Certificate.**

Signature.	Date (day/month/year).	Name and Title (Block Letters).
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**Section 2. To be completed by the Director, Airworthiness Standards.**

Received by (Name and Office):	Date received (day/month/year).
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Remarks:

**Section 3. To be completed by the Assigned Certification, Project Manager (CPM).**

Received by:	Date (day/month/year):
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Assigned Certification Number:

Assigned ASI(s):	Date:
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Remarks: