REPÚBLICA DE MOZAMBIQUE

AUTORIDADE REGULADORA DE AVIAÇÃO CIVIL DE MOÇAMBIQUE

APPLICATION FOR APPROVED MAINTENANCE ORGANIZATION CERTIFICATE AND/OR RATINGS -Form MOZ-145-03

1. Approved Maintenance Organization Name, Number, Location and Address

a. Official Name of **Approved Maintenance Organization**: | Number:

b. Location where business is conducted:

c. Official Mailing Address of **Approved Maintenance Organization** (Number, Street, City, State, & Zip)

d. Doing Business As:

2. Reasons for Submission

- ☐ Initial Application for AMO Certificate and Rating
- ☐ Change in Rating
- ☐ AMO Certificate Renewal
- ☐ Change in Location or Housing and Facilities
- ☐ Change in Ownership
- ☐ Other (Specify)

_____

_____

_____

_____

3. Ratings and Category of Ratings Applied for:

☐ **Airframe Categ A/B/E**	☐ **Powerplant Categ C / D**	☐ **Propeller Categ W / X**	☐ **Avionics Categ W / X**	☐ **Computer Categ W / X**	☐ **Instrument Categ W / X**
☐ Class 1 ☐ Class 6	☐ Class 1	☐ Class 1	☐ Class 1	☐ Class 1	☐ Class 1
☐ Class 2 ☐ Class 7	☐ Class 2	☐ Class 2	☐ Class 2	☐ Class 2	☐ Class 2
☐ Class 3 ☐ Class 8	☐ Class 3		☐ Class 3	☐ Class 3	☐ Class 3
☐ Class 4 ☐ Class 9					☐ Class 4
☐ Class 5					

☐ **Accessories**	☐ **Limited**	Cat W / X	Cat W / X	
☐ Class 1	☐ Airframe, Cat A /B / E	☐ Accessories,	☐ Computer,	☐ Specialized Service (List Process Specification(s))
☐ Class 2	☐ Powerplant , Cat C/ D	☐ Landing Gear,	☐ Rotor Blades	_____
☐ Class 3	☐ Propeller, Cat W/ X	☐ Floats	☐ Fabric	_____
☐ Class 4	☐ Instruments Cat W/ X	☐ Avionics,	☐ Emergency Equip.	_____
			☐ Non-Dest. Test	_____
				_____

4. List of Maintenance Functions contracted to an outside Maintenance Organization:

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 authorized 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 Authorized Signature:	Title:

Issue 1, Rev 1 15.05.2025

For IACM Use Only	Record of Action Approved Maintenance Organization Inspection	For IACM Use Only

6. Remarks (Identify by item number. Include deficiencies found ratings denied)

7. Findings - Recommendations	**8. Date of Inspection**
☐ A. Station was found to comply with requirements of Part 145. ☐ B. Station was found to comply with requirements of Part 145, except for deficiencies listed in Item 6. ☐ C. Recommend Certificate with rating applied for on application be issued. ☐ D. Recommend Certificate with rating applied for on application (EXCEPT those listed in Item 6) be issued.	

9. IACM Office	**Signature(s) of Inspector(s)**	Printed Names of Inspectors

10. Supervising or Assigned Inspector

ACTION TAKEN	**CERTIFICATE ISSUED** Number	Inspector's Signature	
☐ APPROVED As shown on certificate issued on date shown ☐ DISAPPROVED	Date	Inspector's Printed Name	Title

IACM Form MOZ-145-03 Rev.0