



**ORGANISATION ASSESSMENT STATEMENT (OAS)**

To be completed by an applicant for CERTIFICATION, CERTIFICATE RENEWAL of Maintenance Organisation  
(To be Submitted with the Application)

**Section 1A: To be completed by all applicants**

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. Certificate Expiry Date if Application is for Re-certification or Renewal

4. Management and Key Staff Personnel. (Attach Personnel Data Form: AC-OPS001B if application is for Certification and Re-Certification)

Name (Surname/First/Middle)	Title	Telephone & address

**Section 1B. .**

5.  Air Operators Maintenance Support - AMO  
 Maintenance Organisation

6. Type of operation if AMO is Air Operators Maintenance Support  
 Passengers and Cargo  Cargo Only  Scheduled Operations  Charter Flight Operations

7. Approved Maintenance Organisation Rating(s). Ref: AMO Regs. 11 & 12.

Aircraft	Engine	Components	Accessories
<input type="checkbox"/> Class 1 Composite Small Aircraft <input type="checkbox"/> Class 2 Composite Large Aircraft <input type="checkbox"/> Class 3 Metal Small Aircraft <input type="checkbox"/> Class 4 Metal Large Aircraft	<input type="checkbox"/> Class1 Piston <400hp <input type="checkbox"/> Class2 Piston >400hp <input type="checkbox"/> Class3 Turbine Engine <input type="checkbox"/> Class1 Fix Pitch Props <input type="checkbox"/> Class2 All other Props	<input type="checkbox"/> Class1 Comm Equip. <input type="checkbox"/> Class2 Nav. Equip <input type="checkbox"/> Class3 Rader Equip. <input type="checkbox"/> Class1 Instr. Mech. <input type="checkbox"/> Class2 Electrical <input type="checkbox"/> Class3 Gyroscopic <input type="checkbox"/> Class4 Electronic	<input type="checkbox"/> Class1 Mech. Acc. <input type="checkbox"/> Class2 Electrical Acc. <input type="checkbox"/> Class3 Electronic Acc. <input type="checkbox"/> Class4 APU.

Scope and Limitation of Rating Applied for:


Specialised Services Applied for (State Scope and Limitation):		
Section 1C. Blocks 8 & 9 to be completed if AMO is AOC Maintenance Support.		
<b>8. AOC Aircraft Data</b>	<b>9 Geographic areas of operations and route structure.</b>	
Numbers and types of aircraft (By make, model, and series).	Passenger, Training or Cargo Operation.	

<b>Section 1D. To be completed by all applicants</b>		
<b>10. Additional information that provides a better understanding of the operation or business – Indicate attachments:</b> (i) Statement of Compliance (ii) Maintenance Procedures Manual (MPM) (iii) Maintenance Control Manual (MCM) (iv) Contracted Maintenance Agreements (v) Other States Authority Approval (vi) AMO Training Programme		
<b>11. Declaration by AMO authorized person</b>		
Signature	Date (day/month/year)	Name and Title (Block Letters)
<b>Section 2: For Official Use Authority - To be completed by the Director Safety Office</b>		
Received by (Name and Office):	Date received (day/month/year)	
Date forwarded to Airworthiness in-charge (day/month/year):	For: <input type="checkbox"/> Action <input type="checkbox"/> Information only	
Director Safety Remarks:		
<b>Section 3. To be completed by the Airworthiness office</b>		
Date Received by Airworthiness in-charge:		
Assigned Task Number and Team Leader (TL):	/	
Date Received by Assigned Team Leader:		
Head of Airworthiness Remarks:		