



# ESWATINI CIVIL AVIATION AUTHORITY

ECA/REG/AIR/F/006C  
REVISION 01  
ISSUE DATE: 24/03/25  
EFFECTIVE DATE: 27/03/25

## PROSPECTIVE APPLICANT STATEMENT OF INTENT (PASI)

|                                                                                                                                                                                                                                                        |                                                |                                                                            |                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|
| 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                                                                                                                                                                                                          |                                                |                                                                            |                                                 |
| Name and mailing address of company<br>(include business name if different from company name)                                                                                                                                                          |                                                | Address of the principal (main) base<br>where operations will be conducted |                                                 |
| 3. Certificate Expiry Date if Application is for Re-certification or Renewal                                                                                                                                                                           |                                                |                                                                            |                                                 |
| Management and Key Staff Personnel. (Attach Personnel Data Form: ECA/REG/AIR/F/006F if application is for Certification and Re-Certification)                                                                                                          |                                                |                                                                            |                                                 |
| Name<br>(Surname/First/Middle)                                                                                                                                                                                                                         | Title                                          | Telephone & address                                                        |                                                 |
|                                                                                                                                                                                                                                                        |                                                |                                                                            |                                                 |
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| Section 1B. .                                                                                                                                                                                                                                          |                                                |                                                                            |                                                 |
| 5. <input type="checkbox"/> Air Operators Maintenance Support - AMO                                                                                                                                                                                    |                                                |                                                                            |                                                 |
| <input type="checkbox"/> Maintenance Organisation                                                                                                                                                                                                      |                                                |                                                                            |                                                 |
| 6. Type of operation if AMO is Air Operators Maintenance Support<br><input type="checkbox"/> Passengers and Cargo <input type="checkbox"/> Cargo Only <input type="checkbox"/> Scheduled Operations <input type="checkbox"/> 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"/> Class1Piston <400hp   | <input type="checkbox"/> Class1 Comm Equip.                                | <input type="checkbox"/> Class1 Mech. Acc.      |
| <input type="checkbox"/> Class 2 Composite Large Aircraft                                                                                                                                                                                              | <input type="checkbox"/> Class2 Piston>400hp   | <input type="checkbox"/> Class2 Nav. Equip                                 | <input type="checkbox"/> Class2 Electrical Acc. |
| <input type="checkbox"/> Class 3 Metal Small Aircraft                                                                                                                                                                                                  | <input type="checkbox"/> Class3Turbine Engine  | <input type="checkbox"/> Class3 Rader Equip.                               | <input type="checkbox"/> Class3 Electronic Acc. |
| <input type="checkbox"/> Class 4 Metal Large Aircraft                                                                                                                                                                                                  | <input type="checkbox"/> Class1Fix Pitch Props | <input type="checkbox"/> Class1 Instr. Mech.                               | <input type="checkbox"/> Class4 APU.            |



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|--|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|  | <input type="checkbox"/> Class2All other Props | <input type="checkbox"/> Class2 Electrical<br><input type="checkbox"/> Class3 Gyroscopic<br><input type="checkbox"/> Class4 Electronic |  |  |  |
|--|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

Scope and Limitation of Rating Applied for:

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Specialised Services Applied for (State Scope and Limitation):

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Section 1C. Blocks 8 & 9 to be completed if AMO is AOC Maintenance Support.

| AOC Aircraft Data                                           |                                         | 9 Geographic areas of operations and route structure. |
|-------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|
| Numbers and types of aircraft (By make, model, and series). | Passenger, Training or Cargo Operation. |                                                       |
|                                                             |                                         |                                                       |
|                                                             |                                         |                                                       |
|                                                             |                                         |                                                       |
|                                                             |                                         |                                                       |
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Section 1D. To be completed by all applicants

Additional information that provides a better understanding of the operation or business –

Indicate attachments:

- (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

11. Declaration by AMO authorized person

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|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------|
| Signature                                                                                    | Date<br>(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<br>(day/month/year) |
| Date forwarded to Airworthiness in-charge<br>(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:                                                               |                                                                                |                                   |