

APPLICATION FOR CONTINUED AIRWORTHINESS MANAGEMENT APPROVAL IN ACCORDANCE WITH OTAR PART 39 SUBPART E



1	Registered name of applicant (organisation or individual):		
2	Trading name if different from above:		
3	Company Registration Number:		
4	Name and contact details of person responsible for administering this application (principal point of contact): Telephone: Facsimile: Email: Cellular:		
4a	OTAR Part 39 Subpart E approval Option applied for:	*Option 1	Option 2
5	*OTAR Part 39 Subpart E Option 1 approval If applicable details of EASA Part M Subpart G approval: Approval No.: Validity: Scope of Approval (aircraft types): Subpart I and applicable aircraft types:		
6	Address of site to be approved:		
7	Contact details: Telephone: Facsimile: Email:		
8	Scope of Approval: Aircraft Type(s)		
9	Principal Contract Details		
	Name of Operator		
	Type of Operation		
	Maintenance Programme approval reference: *if available		

'SAVE OR PRINT A COPY OF THIS FORM FOR YOUR RECORDS.'

Send it to: enquiries@airsafety.aero

Or mail to: Floor 2 Northgate House 115 High Street
Crawley West Sussex RH10 1FY UK