



SWAZILAND CIVIL AVIATION AUTHORITY

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			
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	
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. <input type="checkbox"/> Air Operators Maintenance Support - AMO			
<input type="checkbox"/> Maintenance Organisation			
6. Type of operation if AMO is Air Operators Maintenance Support			
<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"/> Class 2 Composite Large Aircraft <input type="checkbox"/> Class 3 Metal Small Aircraft <input type="checkbox"/> Class 4 Metal Large Aircraft	<input type="checkbox"/> Class1Piston <400hp <input type="checkbox"/> Class2 Piston>400hp <input type="checkbox"/> Class3Turbine Engine <input type="checkbox"/> Class1Fix Pitch Props <input type="checkbox"/> Class2All other Props	<input type="checkbox"/> Class1Comm 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.		
8. 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.	

Section 1D. To be completed by all applicants		
10. 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		
Signature	Date (day/month/year)	Name and Title (Block Letters)
Section 2: For Official Use Authority - To be completed by the Director Safety Office		
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:		
Section 3. To be completed by the Airworthiness office		
Date Received by Airworthiness in-charge:		
Assigned Task Number and Team Leader (TL):		/
Date Received by Assigned Team Leader:		
Head of Airworthiness Remarks:		