

Application for MRP Part M Approval

| | | |
|--|---|-------------|
| 1. MRP Part M Approval Number | Please enter your MAA approval number or enter N/A in case of initial application | |
| 2. Applicant Data | | |
| 2.1 Name and Address <i>(For non-military organizations, the registered name and legal seat of the company. For military organizations, the Base location of the Continuing Airworthiness Management Organization (CAMO))</i> | Organization Name | [] |
| | Trading Name <i>(Non-military Organization)</i> | [] |
| | Establishment / Base | [] |
| | Street | [] |
| | Town / City | [] |
| | Post Code | [] |
| | Country | [] |
| Important Note: For non-military, an approval may be granted to an organisation which may be either a natural person, a legal entity or part of a legal entity. Would you therefore please include with this application confirmation of the legal status of your organisation and enclose a copy of your Certificate of Incorporation. | | |
| 2.2 Date of Certificate of Incorporation <i>(For non-military organizations)</i> | [] | Country [] |
| 3. Address of Part M Organization | | |
| 3.1 Principal place of business <i>(may be left blank, if same as 2.1 Applicant Data)</i> | Establishment / Base | [] |
| | Street | [] |
| | Town / City | [] |
| | Post Code | [] |
| | Country | [] |

| 4. Contacts | | |
|--|----------------------|---|
| 4.1 Delivery Duty Holder (DDH) / Accountable Manager (AM) | Title / Rank | [] |
| | Name | [Enter the name of the proposed DDH or AM in the case of either a new approval or change in DDH or AM] |
| | First name | [] |
| | Job title / Position | [] |
| | Phone | [] |
| | Email | [] |
| 4.2. Military Continuing Airworthiness Manager (Mil CAM) | Title / Rank | [] |
| | Name | [] |
| | First name | [] |
| | Job title / Position | [] |
| | Phone | [] |
| | Email | [] |
| 4.3 Deputy Military Continuing Airworthiness Manager (DCAM) (if applicable) | Title / Rank | [] |
| | Name | [] |
| | First name | [] |
| | Job title / Position | [] |
| | Phone | [] |
| | Email | [] |
| 4.4 CAMO Quality Manager | Title / Rank | [] |
| | Name | [] |
| | First name | [] |
| | Job title / Position | [] |
| | Phone | [] |
| | Email | [] |
| 4.5 Organisation's Generic Email | | [This address will be used for all technical communication associated with this application] |

| 5. Identification of Activity | | | |
|--|---|--|-----------|
| 5.1 Application for <i>Tick boxes as required</i> | <input type="checkbox"/> MRP Part M Subpart G Approval | | |
| | <input type="checkbox"/> MRP Part M Subpart I Approval | | |
| 5.2 Application Type <i>Tick boxes as required</i> | <input type="checkbox"/> Initial Application | | |
| | <input type="checkbox"/> Change to the Approval | | |
| | Detail of change | | |
| | <input type="checkbox"/> Organisation name | <input type="checkbox"/> Aircraft managed | |
| | <input type="checkbox"/> Location and contact detail(s) | <input type="checkbox"/> Aircraft support arrangements | |
| <input type="checkbox"/> Changes in personnel (RA 4943) | <input type="checkbox"/> Other significant changes | | |
| <input type="checkbox"/> CAME | | | |
| <input type="checkbox"/> Notification of surrender | | | |
| 5.3 Aircraft Managed | Type | Mark | Locations |
| | [] | [] | [] |
| | [] | [] | [] |
| | [] | [] | [] |
| 5.4 Details of the application | [Enter details of the application, change or notification annotated in 5.2, to include details of the amended Exposition reference and issue state.] | | |

6. Civil Aviation Authority Oversight (CAA) of Military Registered Aircraft

RA1124 if applicable, enter details of the UK Part M Subpart G or Part CAMO or Part CAO organization

| | | |
|--|-------------------------------------|-----|
| 6.1 Registered Name and Address of the CAA Part M Subpart G or Part CAMO or Part CAO organization | Organization Name | [] |
| | Trading Name | [] |
| | Street | [] |
| | Town / City | [] |
| | Post Code | [] |
| | Country | [] |
| 6.2 CAA Part M Subpart G or Part CAMO or Part CAO Approval | [Please enter CAA approval number] | |

7. Other approvals held by the applicant

| | | | |
|------------------------|-----|----------------------|-----|
| MRP Part M Approval(s) | [] | CAA Part Approval(s) | [] |
| | [] | | [] |

8. Signature of either DDH or AM

| | | |
|------|------|------------------------|
| [] | [] | [] |
| Date | Name | Signature of DDH / AM* |

*Important note: The MAA does not accept applications without signature. The signature of either the DDH / AM or of the new proposed DDH / AM (in case of initial Approval or change in DDH / AM) is always required.

On completion, please send this form to:

Military Aviation Authority
 Assurance Co-ordination Cell,
 Operating Assurance Group,
 #5104, Juniper 1, Wing 4,
 MOD Abbeywood (North),
 Bristol, BS34 8QW

E-mail: DSA-MAA-OA-ACC@mod.gov.uk