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| **Application for MRP Part 145 Approval** | | |
| **1. MRP Part 145 Approval Number** | *Please enter your MAA approval number or enter N/A in case of initial applicatio*n | |
| **2. Applicant Data** | | |
| 2.1 Registered Name and Address *Legal name and seat of the company as it appears on the Business Registration or similar legal document* | Registered Name |  |
| Trading Name |  |
| Street |  |
| Town/City |  |
| Post Code |  |
| Country |  |
| **Important Note:** 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** | |  |
| Country |
| **3. Address of site(s) requiring approval** | | |
| **3.1 Principal place of business** *(may be left blank, if same as 2.1 Applicant Data)* | Street |  |
| Town/City |  |
| Post Code |  |
| Country |  |

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| **3.2 Base, Engine and Component Maintenance Site(s)** *Enter “Not applicable” in the case the Maintenance Site is the same as 3.1* | | |
| 3.2.1 Facility/Site 1 | Street |  |
| Town/City |  |
| Post Code |  |
| Country |  |
| 3.2.2 Facility/Site 2 | Street |  |
| Town/City |  |
| Post Code |  |
| Country |  |

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| **[For additional Facilities/Sites, see Section 3.2 Continuation Sheet]** | Continuation sheet used  Sheets used |

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| 4.3 Line Maintenance Location(s) *Enter “Not applicable” in the case the Maintenance Site is the same as 3.1 Place of Business* | | |
| 4.3.1 Facility/Site 1 | Street |  |
| Town/City |  |
| Post Code |  |
| Country |  |
| 4.3.2 Facility/Site 2 | Street |  |
| Town/City |  |
| Post Code |  |
| Country |  |

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| **[For additional Facilities/Sites, see Section 3.2 Continuation Sheet]** | Continuation sheet used  Sheets used |

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| 5. Contacts | | |
| 5.1 Accountable Manager (AM) | Title |  |
| Name | *Enter the name of the proposed AM in the case of a new Part-145 or in case of change of AM* |
| First name |  |
| Job title/Position |  |
| Phone/Fax |  |
| Email |  |
| 5.2. Quality Manager | Title |  |
| Name |  |
| First name |  |
| Job title/Position |  |
| Phone/Fax |  |
| Email |  |
| 5.3. Organisation Generic Email | | *This address will be used for all technical communication associated with this application* |

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| 6. Identification of Activity | *Enter details of applicable Facility/Site* | |
| **6.1 Application for**  *Tick boxes as required* | Part-145 Approval | Part-145 (Supplement) Approval |
| **6.2 Application Type**  *Tick boxes as required* | Initial Application |  |
| Change to the Approval |  |
| Detail of change  Organisation name  Address data  Nominated persons  MOE | Rating(s)  Contact detail(s) |
| Notification of surrender |  |
| **6.3 Details of the application** | *Enter details of the application, change or notification annotated in 6.2, to include details of the amended Exposition reference and issue state.* | |

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| **7. Scope of requested Part-145 Approval** *Tick boxes as required* | | |  | | | | | | |
|  | **RATING** | | **LIMITATION** | | | **BASE** | | **LINE** | |
| **Yes** | **No** | **Yes** | **No** |
|  | A1  Aeroplanes/airships above 5700 Kg | | *Will state aeroplane manufacturer or mark or type and/or the maintenance task(s)* | | |  |  |  |  |
| A2  Aeroplanes/airships 5700 Kg and below | | *Will state aeroplane manufacturer or mark or type and/or the maintenance task(s)* | | |  |  |  |  |
| A3  Helicopters | | *Will state aeroplane manufacturer or mark or type and/or the maintenance task(s)* | | |  |  |  |  |
| A4  Aircraft other than A1, A2 or A3 | | *Will state aeroplane manufacturer or mark or type and/or the maintenance task(s)* | | |  |  |  |  |
|  | B1  Turbine | | *Quote the expected engine type(s) to be added and/or deleted as defined in the engine TCDS* | | | | | | |
| B2  Piston | | *Quote state engine manufacturer or series or type and/or the maintenance task(s)* | | | | | | |
| B3  APU | | *Quote the expected APU type(s) to be added and/or deleted as defined by the OEM* | | | | | | |
| C1 Air Cond & Press |  | *State aircraft type or aircraft manufacturer or component manufacturer or the particular component and/or the maintenance task(s) and/or cross refer to a capability list in the exposition* | | | | | | |
| C2 Auto Flight |  |
| C3 Comms and Nav |  |
| C4 Doors - Hatches |  |
| C5 Electrical Power |  |
| C6 Equipment |  |
| C7 Engine - APU |  |
| C8 Flight Controls |  |
| C9 Fuel - Airframe |  |
| C10 Helicopter - Rotors |  |
| C11 Helicopter - Transmission |  |
| C12 Hydraulic |  |
| C13 Instruments |  |
| C14 Landing Gear |  |
| C15 Oxygen |  |
| C16 Propellers |  |
| C17 Pneumatic |  |
| C18 Protection ice/rain/fire |  |
| C19 Windows |  |
| C20 Structural |  |
| C21 Water Ballast |  |
| C22 Propulsion Augmentation |  |
| C51 Attack Systems |  |
| C52 Radar/Surveillance |  |
| C53 Weapons Systems |  |
| C54 Crew Escape |  |
| C55 Missiles/Drones/Telemetry |  |
| C56 Reconnaissance |  |
| C57 Electronic Warfare |  |
| **SPECIALISED SERVICES** | **D1**  **Non- Destructive Testing** | |  | Eddy Current Inspection |  | | | | |
|  | Liquid Penetrant Inspection |  | | | | |
|  | Magnetic Particle Inspection |  | | | | |
|  | Radiography Inspection |  | | | | |
|  | Shearography Inspection |  | | | | |
|  | Thermography Inspection |  | | | | |
|  | Ultrasonic Inspection |  | | | | |
|  | Other Method | *State particular NDT Method* | | | | |
| **OTHER SPECIALIST SERVICES** |  | | | | | | | | |

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| **[For additional Part-145 Approval scope, see Section 7 Continuation Sheet]** | Continuation sheet used  Sheets used |

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| **8. Other approvals held by the applicant** | | | | | |
| MRP Pt 145 Approval(s) |  | | EASA Pt 145 Approval(s) | |  |
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| **9. Applicant’s declaration and acceptance of the General Conditions and Terms of Payment** | | | | | |
| I declare that I have the legal capacity to submit this application to the MAA and that all information provided in this application form is correct and complete.  I have understood that I am submitting an application for which fees or charges will be levied by the MAA or its representative.  I declare that fees or charges, as well as all relevant travel costs must be paid whether or not the application is successful and that they might not be refundable. Moreover, I declare that I am aware of the consequences of non-payment.  Noting that failure to pay may mean that an organization approved under MRP Part 145 could have their certification withdrawn | | | | | |
|  | |  | |  | |
| Date | | Name | | Signature of Accountable Manager\* | |
| \*Important note: The MAA does not accept applications without signature. The signature of either the AM or of the new proposed AM (in case of initial Approval or in case of changed 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](mailto:DSA-MAA-OA-ACC@mod.gov.uk) | | | | | |