

Application for MRP Part 145 Approval

1. MRP Part 145 Approval Number	<i>Please enter your MAA Approval number or enter N/A in case of initial application</i>	
2. Applicant Data		
2.1 Registered Name and Address <i>Legal name and seat of the company as it appears on the Business Registration or similar legal document</i>	Registered Name	
	Trading Name	
	Street	
	Town / City	
	Post Code	
	Country	
Important Note: An Approval may be granted to an organization 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 organization 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 <i>(may be left blank, if same as 2.1 Applicant Data)</i>	Street	
	Town / City	
	Post Code	
	Country	



[Security Marking]

3.2 Base, Engine and Component Maintenance Site(s) Enter "Not applicable" when the Maintenance Site is the same as 3.1 Principal Place of Business		
3.2.1 Facility / Site 1	Street	[] []
	Town / City	[] []
	Post Code	[] []
	Country	[] []
3.2.2 Facility / Site 2	Street	[] []
	Town / City	[] []
	Post Code	[] []
	Country	[] []

[For additional Facilities / Sites, see Section 3.2 Continuation Sheet]

Continuation sheet used

Sheets used [] []

3.3 Line Maintenance Location(s) Enter "Not applicable" when the Maintenance Site is the same as 3.1 Principal Place of Business		
3.3.1 Facility / Site 1	Street	[] []
	Town / City	[] []
	Post Code	[] []
	Country	[] []
3.3.2 Facility / Site 2	Street	[] []
	Town / City	[] []
	Post Code	[] []
	Country	[] []

[For additional Facilities / Sites, see Section 3.3 Continuation Sheet]

Continuation sheet used

Sheets used [] []



[Security Marking]

MAA Part 145 Form 2

Air Safety Information
when completed

4. Contacts	
4.1 Accountable Manager (AM)	Title []
	Name [] <i>Enter the name of the proposed AM in the case of a new Part-145 or in case of change of AM</i>
	First name []
	Job title / Position []
	Phone / Fax []
	Email []
4.2. Quality Manager	Title []
	Name []
	First name []
	Job title / Position []
	Phone / Fax []
	Email []
4.3. Organization Generic Email	[] <i>This address will be used for all technical communication associated with this application</i>

5. Identification of Activity	<div style="border: 1px solid black; padding: 5px;"> <input type="text"/> <i>Enter details of applicable Facility / Site</i> </div>																	
5.1 Application for <i>Select as required</i>	<input type="checkbox"/> Part-145 Approval	<input type="checkbox"/> Part-145 (Supplement) Approval																
5.2 Application Type <i>Select as required</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="523 526 963 589" style="width: 50%;"><input type="checkbox"/> Initial Application</td> <td data-bbox="963 526 1481 589" style="width: 50%;"></td> </tr> <tr> <td data-bbox="523 589 963 651" style="width: 50%;"><input type="checkbox"/> Change to the Approval</td> <td data-bbox="963 589 1481 651" style="width: 50%;"></td> </tr> <tr> <td colspan="2" data-bbox="523 651 1481 947" style="text-align: center;"> Detail of change </td> </tr> <tr> <td data-bbox="523 701 963 745" style="width: 50%;"><input type="checkbox"/> Organization name</td> <td data-bbox="963 701 1481 745" style="width: 50%;"><input type="checkbox"/> Rating(s)</td> </tr> <tr> <td data-bbox="523 745 963 790" style="width: 50%;"><input type="checkbox"/> Address data</td> <td data-bbox="963 745 1481 790" style="width: 50%;"><input type="checkbox"/> Contact detail(s)</td> </tr> <tr> <td data-bbox="523 790 963 835" style="width: 50%;"><input type="checkbox"/> Nominated persons</td> <td data-bbox="963 790 1481 835" style="width: 50%;"></td> </tr> <tr> <td data-bbox="523 835 963 947" style="width: 50%;"><input type="checkbox"/> Maintenance Organization Exposition</td> <td data-bbox="963 835 1481 947" style="width: 50%;"></td> </tr> <tr> <td colspan="2" data-bbox="523 947 1481 1008"> <input type="checkbox"/> Notification of surrender </td> </tr> </table>		<input type="checkbox"/> Initial Application		<input type="checkbox"/> Change to the Approval		Detail of change		<input type="checkbox"/> Organization name	<input type="checkbox"/> Rating(s)	<input type="checkbox"/> Address data	<input type="checkbox"/> Contact detail(s)	<input type="checkbox"/> Nominated persons		<input type="checkbox"/> Maintenance Organization Exposition		<input type="checkbox"/> Notification of surrender	
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5.3 Details of the application	<div style="border: 1px solid black; padding: 5px;"> <input type="text"/> <i>Enter details of the application, change or notification annotated in 5.2, to include details of the amended Exposition reference and issue state.</i> </div>																	

6. Scope of requested Part-145 Approval <i>Select as required</i>						
	Rating	Limitation	Base		Line	
			Yes	No	Yes	No
	A1 Aeroplanes / airships above 5700 Kg	<input type="text"/> <i>Enter Aircraft manufacturer or series or type and / for the Maintenance task(s)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A2 Aeroplanes / airships 5700 Kg and below	<input type="text"/> <i>Enter Aircraft manufacturer or series or type and / for the Maintenance task(s)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A3 Helicopters	<input type="text"/> <i>Enter Aircraft manufacturer or series or type and / for the Maintenance task(s)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A4 Air System other than A1, A2 or A3. This rating to be used for all Uncrewed Air Systems (UAS)	<input type="text"/> <i>Enter Air System manufacturer or series or type and / or the Maintenance task(s)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B1 Turbine	<input type="text"/> <i>Enter the expected engine type(s) to be added and / or deleted as defined in the engine Type Certificate Data Sheets (TCDS)</i>				
	B2 Piston	<input type="text"/> <i>Enter engine manufacturer or series or type and / or the Maintenance task(s)</i>				
	B3 Auxiliary Power Unit (APU)	<input type="text"/> <i>Enter the expected APU type(s) to be added and / or deleted as defined by the Original Equipment Manufacturer (OEM)</i>				
	C1 Air Cond and Press	<input type="checkbox"/>				
	C2 Auto Flight	<input type="checkbox"/>				
	C3 Comms and Nav	<input type="checkbox"/>				
	C4 Doors - Hatches	<input type="checkbox"/>				
	C5 Electrical Power and Lights	<input type="checkbox"/>				
	C6 Equipment	<input type="checkbox"/>				
	C7 Engine - APU	<input type="checkbox"/>				
	C8 Flight Controls	<input type="checkbox"/>				
	C9 Fuel - Airframe	<input type="checkbox"/>				
	C10 Helicopter - Rotors	<input type="checkbox"/>				
	C11 Helicopter - Transmission	<input type="checkbox"/>				
	C12 Hydraulic	<input type="checkbox"/>				
	C13 Indicating / Recording Systems	<input type="checkbox"/>				
	C14 Landing Gear	<input type="checkbox"/>				
	C15 Oxygen	<input type="checkbox"/>				
	C16 Propellers	<input type="checkbox"/>				

	C17 Pneumatic and Vacuum	<input type="checkbox"/>		
	C18 Protection ice / rain / fire	<input type="checkbox"/>		
	C19 Windows	<input type="checkbox"/>		
	C20 Structural	<input type="checkbox"/>		
	C21 Water Ballast	<input type="checkbox"/>		
	C22 Propulsion Augmentation	<input type="checkbox"/>		
	C51 Attack Systems	<input type="checkbox"/>		
	C52 Radar / Surveillance	<input type="checkbox"/>		
	C53 Weapons Systems	<input type="checkbox"/>		
	C54 Crew Escape	<input type="checkbox"/>		
	C55 Missiles / Drones / Telemetry	<input type="checkbox"/>		
	C56 Reconnaissance	<input type="checkbox"/>		
	C57 Electronic Warfare	<input type="checkbox"/>		
Specialised Services	D1 Non- Destructive Testing	<input type="checkbox"/>	Eddy Current Inspection	[]
		<input type="checkbox"/>	Liquid Penetrant Inspection	[]
		<input type="checkbox"/>	Magnetic Particle Inspection	[]
		<input type="checkbox"/>	Radiography Inspection	[]
		<input type="checkbox"/>	Shearography Inspection	[]
		<input type="checkbox"/>	Thermography Inspection	[]
		<input type="checkbox"/>	Ultrasonic Inspection	[]
		<input type="checkbox"/>	Other Method	[]
			<i>Enter specific Non-Destructive Testing (NDT) Method</i>	
Other Specialist Services	[]			

[For additional Part-145 Approval scope, see Section 6 Continuation Sheet]

Continuation sheet used

Sheets used []

7. Other Approvals held by the applicant			
MRP Pt 145 Approval(s)		EASA Pt 145 Approval(s)	
8. Applicant's declaration and acceptance of the General Conditions and Terms of Payment			
<p>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.</p> <p>I have understood that I am submitting an application for which fees or charges will be levied by the MAA or its representative.</p> <p>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.</p> <p>Noting that failure to pay may mean that an organization approved under MRP Part 145 could have their Approval withdrawn.</p>			
Date	Name	Signature of Accountable Manager*	
<p>*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.</p>			
<p>On completion, please send this form to:</p> <p>Military Aviation Authority Assurance Co-ordination Cell, Operating Assurance Group, #5104, Juniper 1, Wing 4, MOD Abbeywood (North), Bristol, BS34 8QW</p> <p>E-mail: DSA-MAA-OA-ACC@mod.gov.uk</p>			