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|  | | | | | | | | | | | | |
| **Application for Part-CAMO approval** Initial  Change | | | | | | | | | | | | |
| 1. Registered name of applicant: | | | | | | | | | | | | |
| 2. Trading name (if different): | | | | | | | | | | | | |
| 3. ID No. (Kt)**:** | | | | | | | | | | | | |
| 4. Approval reference (change only): | | | | | | | | | | | | |
| 5. Any other ICETRA approvals held? (approval reference): | | | | | | | | | | | | |
| 6. Addresses requiring approval: | | | | | | | | | | | | |
| 7. Telephone: | | |  | | 8. Fax: | | |  | | | |  |
| 9. E-mail: | |  | | | | | | | | | |  |
| 10. Terms of approval and scope of work relevant to this application: | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |
|  | Aircraft type/series/group | | | Airworthiness review authorised | | Permits to fly authorised | | | | Subcontracted organisation(s) | |  |
|  |  | | | Yes / No\* | | Yes / No\* | | | |  | |  |
|  |  | | | Yes / No\* | | Yes / No\* | | | |  | |  |
|  |  | | | Yes / No\* | | Yes / No\* | | | |  | |  |
|  |  | | | Yes / No\* | | Yes / No\* | | | |  | |  |
| 11. Other changes: | | | | | | | | | | | |  |
| 12. Position and name of the (proposed\*) Accountable Manager: | | | | | | | | | | |  |  |
| 13. Signature of the (proposed\*) Accountable Manager: | | | | | | | | |  | | |  |
| 14. Place: | | | | | | | 15. Date: | | | | | |
| \*delete or strikethrough as applicable  **For ICETRA use only** | | | | | | | | | | | | |
| Case No.: | | | | | | | | | | | | |

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