



Section/division
 Telephone number:
 Physical address
 Postal address:

AIRWORTHINESS: AIRCRAFT MAINTENANCE ORGANISATION
 011-545-1000
 Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
 Private Bag X73, Halfway House 1685
 Website: www.caa.co.za

Form Number: CA 145-02
 Email: airworthiness@caa.co.za

**PROPOSED MAINTENANCE ORGANISATION CERTIFICATION
 JOB AID AND SCHEDULE OF EVENTS**

AIRWORTHINESS															
PARTICULARS REGARDING THE APPLICANT															
AMO Number															
Full name of organization															
Trade name, if applicable															
Physical Address of the principal (main) base where functions will be conducted:								Postal address							
					Postal code						Postal code				
Secondary Base if applicable. (Do not use Post Office Box)															
Telephone number							Fax number								
Cell phone number							E-mail address								
Company Registration number							Certificate of Approval number								
Categories applied for		A		B		C		D		E		W		X	
Limited Rating															
Date initiated															
Audit Certification Team															

SACAA file Ref	I.	Pre-application Phase	Inspector Initial	Applicant proposed date	Date Accomplished	Date accepted
	A.	Initial Orientation: Inspector:				
	1.	AMO Certification guidance material provided to prospective maintenance organisation.				
		2.	Prospective Operator's Pre-assessment statement			
	B.	Attend Pre-application Meeting				
	1.	Verify POPS Information				
		2.	Overview of Certification Process			
		3.	Provide Certification Package:			
		a)	Certification Job Aid			
	b)		Application Form			
	4.	Formal application submissions explained by the Certification Team				
Remarks						

SACAA file Ref	II.	Formal Application Phase	Inspector Initial	Date Received	Applicant proposed date	Date accepted
	A.	Review Applicant Submission				
		1. Formal Application Form (CA 145-01)				
		2. Formal Application Attachments				
		a) Two completed manual of procedures				
		b) Completed Quality Assurance Program				
		c) Safety management systems manual (if applicable)				
		d) Completed statement of compliance				
		e) Qualifications of management personnel				
		f) Completed capability list (if applicable)				
		g) Purchase, Lease, and/or contract agreement				
	B.	Formal Application Meeting				
		1. Schedule of Events				
		Date				
		Time				
		2. Discuss each Submission				
		3. Resolve Discrepancies/ open Items				
		4. Review Certification Process				
		5. Review impact if Schedule of Events are not met				
	C.	Issue letter accepting/rejecting Formal Application				

SACAA file Ref	III.	Document Evaluation Phase	Inspector Initial	Date Received	Date Accomplished	Date Approved / accepted
	A.	Evaluate Applicable Training Programs				
		1. Training - Certifying Staff:				
		a) Pre-qualification standards identified				
		b) Basic engineering theory relevant to the airframe structure and systems to the class of aircraft				
	B.	Evaluate Personnel Qualifications	Inspector Initial	Date Received	Date Accomplished	Date Approved / accepted
		1. Management Personnel				
		2. Certifying Staff				
	C.	Documentation Evaluation	Inspector Initial	Date Received	Date Accomplished	Date Approved / accepted
		a) Two completed manual of procedures				
		b) Completed statement of compliance				
		c) Completed Quality Assurance Program				
		d) Two completed Safety Management System manual (if applicable)				
		e) Purchase, Lease, and/or contract agreement				
		f) Completed capability list (if applicable)				
Remarks:						

SACAA file Ref	IV.	Demonstration and Inspection Phase	Inspector Initial	Applicant proposed date	Date Accomplished	Date Approved / accepted
	A.	Inspect Maintenance /Base using the AMO checklist CA145-03				
		Evaluate SMS Part 140 (if applicable)				

SACAA file Ref	V.	Certification Phase	Inspector Initial	Date Accomplished	Date Approved / accepted
	A.	Prepare Maintenance Organisation Certificate and Opspecs			
	B.	Present signed Certificate and Opspecs to AMO			
	C.	Develop Post Certificate Surveillance Program			
Remarks:					
APPLICATION ACCEPTED			APPLICATION DECLINED		
SIGNATURE OF INSPECTOR: AIRWORTHINESS		NAME IN BLOCK LETTERS		DATE	
COMMENTS:					