



GOVERNMENT OF INDIA
DIRECTORATE GENERAL OF CIVIL AVIATION

Form CA-182 C

Application for
Approval of Foreign Organization

1. Organization name and Address			2. Reasons for submission	
a. Name			<input type="checkbox"/> Original application for grant of approval <input type="checkbox"/> Change in Scope of Approval <input type="checkbox"/> Change in Location or Housing and Facilities <input type="checkbox"/> Change in ownership <input type="checkbox"/> Other (specify) 	
b. Address for communication				
Phone:	Fax:	e-mail:		
c. Location for which approval sought				
3. Name and designation of the Accountable Manager				
4. Category and Scope applied for				
Category (Please Specify) (A, B, C, D, E, F, G)			Scope	
5. Details of fees remitted Rs _____			DD No.	Bank
6. Proposed Quality Control Manager (Attach bio-data)				
7. Proposed Dy Quality Control Manager (Attach bio-data)				
8. Release Note Signatory/ Test Report Signatory/ Chief Instructor (Attach bio-data)				
9. Quality Control Manual / Exposition manual			<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached
10. Indian Operators who shall be utilising the firm facility			<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached
11. Approvals of various Airworthiness Authorities				
a) Local Aw Authority			<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached
b) FAA			<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached
c) JAA			<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached
d) Any other			<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached
12. Audit reports along with action taken				
a) Local Airworthiness Authority			<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached
b) FAA			<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached
c) JAA			<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached
d) Any Other			<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached
13. Details of work done for various Operators for the approval sought for during the past three years. Any adverse reports/warranty claim received.			<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached
I certify that my organization (referred to in item 1 above) fully complies with CAR Section 2, Series 'E' Part I and Airworthiness Advisory Circular 4 of 1998 and is fully competent to undertake the scope of work referred to above. I also certify that I have been authorized by the organization to make this application and that the statements and attachments hereto are true and correct to the best of my knowledge.				
Date	Authorised Signature	Name of the Authorsied Signer	Title	

Record of Action

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Organisation Inspection

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14. Remarks (Comment on availability of suitable manpower, equipment, literature, housing and other infrastructure as per the Exposition Manual./Inspection. Include deficiencies found and approval denied)

15. Findings – Recommendations

16. Date of Inspection

- A. The organization was found to comply with requirements of CAR Sec 2 Series 'E'
- B. The organization was found to comply with requirements of CAR Sec 2 Series 'E' except for deficiencies listed in Item 14.
- C. Recommend Approval with the scope applied for on application be issued.
- D. Recommend Approval with the scope applied for on application (EXCEPT those listed in Item 14) be issued.

17. Office

Signature of the Officer(s)

Name of the Officer(s)

Designation

18. Supervising Officer

ACTION TAKEN

APPROVED
as shown on the Certificate of Approval issued on date shown

NOT APPROVED

APPROVAL CERTIFICATE ISSUED

Number:

Date

Valid upto

Officer's Signature

Date

Officer's Name

Designation