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| **Type of application** |
|[ ]  initial application |[ ]  revision of initial application |[ ]  Notification of surrender |[ ]  change |

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| **Type of changes** |
|[ ]  Organization name |[ ]  Contact detail(s) |[ ]  Nominated persons |[ ]  Other(s) |
|[ ]  Address(s) |[ ]  Number of staff |[ ]  rating(s) |  |  |

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| **SHY-M Approval Reference** |
| **TR.MG.** |

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| 1. **Applicant Name**
 |
| Registered name of applicant |  |
| Trading name (if different) |  |

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| 1. **Applicant Postal Address**
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| 1. **Address of site(s) requiring approval**
 |
| Principal Place of Business address |  |
| Organization(s) working under quality system. |  |

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| 1. **Quality Manager Contact Details**
 |
| Name | Tel Number | Fax Number |
|  |  |  |
| Quality e-mail | Organization generic e-mail |
|  |  |

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| 1. **Scope Of SHY-M Approval relevant to this application**
 |
| Aircraft type/series/group | Airworthiness review authorization | Permits to fly authorization | Organization(s) working under Quality System |
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*Enter the type of change(s) the organisation is requesting - Complete page 3 for details of the scope of work*

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| 1. **Proposed (\*) Accountable Manager Contact Details**
 |
| Name | Tel Number | Fax Number |
|  |  |  |
| E-mail address | Place | Date |
|  |  |  |

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| **Signature of the (proposed\*) Accountable Manager** |
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