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***Centre for Military Airworthiness and Certification***

**FORM -80A**

**APPLICATION FOR DESIGN ORGANISATION APPROVAL (DOA)**

**In accordance with IMTAR- 21, Subpart 21.G1.2**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | Registered name and address of the Organisation |  |  |
| **2.** | Registration and GST Details of the Organization |  |  |
| **3.** | Name, Designation and Contact Details of Nodal Point of Contact |  |  |
| **4.** | Locations for which the approval is applied for |  |  |
| **5.** | Brief Summary of the Organisation |  |  |
| **6.** | Brief summary of proposed Design activities at the Locations for which approval is applied for *(add additional sheets if required)* |  |  |
| **7.** | List of Air Systems/Air Borne Stores approved by CEMILAC in the past *(add additional sheets if required)* |  |  |
| **8.** | List of Air Systems/Air Borne Stores under certification by CEMILAC  *(add additional sheets if required)* |  |  |
| **9.** | Period of active engagement with CEMILAC |  |  |
| **10.** | Scope of approval |  |  |
|  | **(a)** Class |  |  |
|  | **(b)** Activity |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **11.** | Design Organization Exposition |  | Refer Appendix 'A' of this Airworthiness |  |
|  | Number (Copy of DOE to be | Directive regarding Format for Design |
|  | attached along with the application) | Organisation Exposition (DOE) |
| **12.** | Details of Quality Management |  |  |
|  | System (QMS) Certification ( Attach |
|  | proof) |
| **13.** | National/International |  |  |
|  | Accreditations/ Approvals (Attach |
|  | proof) |
| **14.** | List of Authorised Signatories |  | Refer Appendix 'B' of this Airworthiness  Directive regarding summary sheet of |
|  | (Attach Details) | Authorized Signatories |
| **15.** | Infrastructure and Resource Details |  |  |
|  | *(add additional sheets if required)* |
| **16.** | Self-Assessment by DO as per |  | Refer Appendix 'C' of this Airworthiness  Directive regarding Evaluation Criteria. |
|  | Evaluation Criteria *(add additional* |
|  | *sheets for details)* |
| **17.** | Any other relevant information |  |  |
|  | supporting organization's claim for |
|  | DOA *(Add as annexure if needed)* |
| Date: | | | (Signature of Head of the Organization) |

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