



CRNA GORA
AGENCIJA ZA CIVILNO VAZDUHOPLOVSTVO

Zahtjev za / Application for
Prihvatanje / Accept **Promjenu / Substitution**
MOE/ MOM/CAME/ MTOE / MOE/ MOM/CAME/ MTOE

u organizaciji odobrenoj prema Part 145. <i>Part 145 Approval Organisation</i>	<input type="checkbox"/>	u organizaciji odobrenoj prema M.A., odjeljak F. <i>M.A., Subpart F Approval Organisation</i>	<input type="checkbox"/>	u organizaciji odobrenoj prema M.A., odjeljak G. <i>M.A., Subpart G Approval Organisation</i>	<input type="checkbox"/>
u organizaciji odobrenoj prema Part 147. <i>Part 147 Approval Organisation</i>	<input type="checkbox"/>				

Uz ovaj zahtjev potrebno je priložiti:
It should be enclosed with this application

1. Primjerak u papirnom obliku i digitalna verzija na CD ili DVD <i>One Copy of MOE/ MOM/CAME/ MTOE in hard copy and copy on CD/DVD –underline submitted exposition for approval</i>	MOE	Papir / Hard copy	<input type="checkbox"/>	CD/DVD	<input type="checkbox"/>
	MOM	Papir / Hard copy	<input type="checkbox"/>	CD/DVD	<input type="checkbox"/>
	CAME	Papir / Hard copy	<input type="checkbox"/>	CD/DVD	<input type="checkbox"/>
	MTOE	Papir / Hard copy	<input type="checkbox"/>	CD/DVD	<input type="checkbox"/>
2. Listu uskladenosti / List of compliance					<input type="checkbox"/>
3. Listu izmjena / Change list					<input type="checkbox"/>
4. Potvrdu o uplati naknada i taksi / Administrative fee					<input type="checkbox"/>

Organizacija
Organisation:

Adresa
Address:

Telefon fax e-mail

Ime kontakt osobe
Contact person name

Podaci za kontakt / Contact details

Telefon fax e-mail

Propisi korišteni za izradu MOE/ MOM/CAME/ MTOE Regulation used for creating MOE/ MOM/CAME/ MTOE

Datum izdanja MOE/ MOM/CAME/ MTOE za koje se traži

prihvatanje	<input type="checkbox"/>
promjena	<input type="checkbox"/>

Datum odobrenja izdanja:
Date of approved revision:

Izdanje: <i>Revision:</i>	<input type="text"/>
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Izjava: MOE/ MOM/CAME/ MTOE je urađena u skladu sa
Statement: MOE/ MOM/CAME/ MTOE is created in accordance with :

Dijelom 145 <i>Part 145</i>	<input type="checkbox"/>	M.A. odjeljak F <i>M.A. subpart F</i>	<input type="checkbox"/>	M.A. odjeljak G <i>M.A. subpart G</i>	<input type="checkbox"/>	Dijelom 147 <i>Part 147</i>	<input type="checkbox"/>
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Broj odbrenja organizacije
Approval number relevant to the applicante

Ime i prezime odgovorne osobe <i>Person responsible</i>	<input type="text"/>	Položaj <i>Position</i>	<input type="text"/>
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Poptis / Signature:

Datum / Date:

Molimo Vas da popunjen obrazac pošaljete na adresu:
On completion, please send this form under confidential cover to address:
Agencija za civilno vazduhoplovstvo, Bulevar Josipa Broza Tita bb, 81000 PODGORICA