

EASTERN AERO MARINE
Component Maintenance Manual (CMM) Request Form

Please complete the following information in order to support your request for technical support/documentation and update our database on operators of our products.

- INSTRUCTIONS:**
1. Complete the information below.
 2. For Private Business/Corporate Operators, Air Taxis, Helicopter Operators, Small Aircraft Charter Operators, attach a copy of your repair station's Government aviation regulatory agency (FAA, JAA, CAA, etc) approval certificate and operating specification listing the type/models of equipment your facility is approved to work on.
 3. Return the completed form with your attached certificates to techpub@eamworldwide.com or fax to "Attn: EAM Technical Publications Dept." at Fax No. 305-637-8632.

Section 1. Company Information

General Information	
Name of Company	
Company Address: Street 1	
Street 2	
City	
State	
Country	
Zip or Postal Code	
Company Website	

Company Contact Information	
Name of Contact	
Title/Position of Contact:	
Tel. No.	
Fax. No.	
E-mail	

I certify that the information provided in this form is truthful and accurate. I understand that providing false information on this form will result in EAM rejecting my request for CMMs and/or EAM requiring my company to return all copies of EAM CMMs held by my company. EAM will also require that my company cease performing MRO work on EAM products and that EAM will report this accordingly to my local Government aviation regulatory agency office.	
Name (print):	Signature:
Title/Position:	Date:

Section 2. CMMs Your Company is Requesting

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Aircraft Make	Aircraft Model	Qty. in Fleet
<i>Example: Boeing</i>	<i>747-400</i>	<i>8</i>

EAM Products Used in Fleet		
EAM Part No.	Qty. in Fleet	Installed on Aircraft Model
<i>Example: P1234-101</i>	<i>450</i>	<i>747-400</i>

Additional Information		
Select the description that best fits your operation: <input type="checkbox"/> Scheduled Passenger Airline <input type="checkbox"/> Air Cargo <input type="checkbox"/> Air Taxi <input type="checkbox"/> Passenger Charter <input type="checkbox"/> Business/Corporate <input type="checkbox"/> General Aviation - Private		
How were the EAM products obtained? <input type="checkbox"/> Purchased directly from EAM <input type="checkbox"/> Purchased from EAM distributor (provide name and address of distributor below) <input type="checkbox"/> Supplied by aircraft manufacturer <input type="checkbox"/> Supplied by aircraft leasing company		
Is your operation performing its own maintenance on life rafts and life vests in its fleet? <input type="checkbox"/> YES <input type="checkbox"/> NO (provide name and address of contracted independent repair station performing maintenance)		
	Company Name	Address (City, State, Country)
<i>Distributor</i>		
<i>Independent Repair Station</i>		
If your operation is not performing its own maintenance work, provide reason CMMs are needed/requested.		

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Section 5. For Private Business/Corporate Operators, Air Taxis, Helicopter Operators, Small Aircraft Charter Operators

Regulatory Information	
Repair Station No.:	
Name of Government aviation regulatory approval agency (FAA, JAA, CAA, etc)	
Country of Approval (USA, Germany, etc.)	

Facility & Equipment Information	
Do you perform overhaul work on compressed gas cylinder and valve assemblies?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have CO ₂ charging equipment at your facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have high pressure (+4500 psig) N ₂ charging equipment at your facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you approved to perform compressed gas cylinder hydrotesting at your facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a shop air supply at your facility for inflating inflatable products?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a vacuum source at your facility for deflating inflatable products?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Customer Operators Equipped with EAM Products			
Operator's Name	Address (City, State, Country)	EAM Part Nos. Used in Customer's Fleet	Qty. in Customer's Fleet
<i>Example: XYZ Airlines</i>	<i>Anytown, OK, USA</i>	<i>P1234-101</i>	<i>450</i>

Reason CMMs are Needed/Requested.

Note that supplying your company with CMMs in no way implies that EAM has trained, approved, authorized, or certified your company to perform maintenance, repair, and/or overhaul (MRO) work on our products. Operators and independent repair stations must have personnel trained and experienced in the inspection, testing and repair of aircraft inflatable survival equipment and be so recognized and approved by licensing or appointment by relevant government aviation regulatory agencies in order to perform work on EAM products.