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| **ORGANISATION DETAILS** |
| Name of Operator: |  | Place of Business: |  |
| Accountable Manager: |  | Mailing Address (if different from Place of Business) |  |
| AM email address |  | Pre-Certification Number:(CAAM to insert) |  |
| AM contact number |  |
| Desired Date for the operations to commence |  |

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| **Necessary document, action or event** | **Proposed Date** | **Date received/****Accomplished** | **Date returned for changes** | **Reference** |
| Note: Items in yellow will be completed by the CAAM |
| **1.0** | **PRE-APPLICATION PHASE** |
|  | Submission of POPS |  |  |  |  |
|  | Assignment of Certification Team by CAAM |
|  |  |  |  |  | Project Manager |
|  |  |  |  |  | BOP |
|  |  |  |  |  | BAW |
|  |  |  |  |  | ATC |
|  |  |  |  |  | Other |
|  |  |  |  |  | Other |
|  | Establishment of The Committee |
|  |  |  |  |  | SIRIM |
|  |  |  |  |  | MCMC |
|  |  |  |  |  | JUPEM |
|  |  |  |  |  | CGSO |
|  | Pre-application meeting |  |  |  |  |

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| **Necessary document, action or event** | **Proposed Date** | **Date received/****Accomplished** | **Date returned for changes** | **Reference** |
| Note: Items in yellow will be completed by the CAAM |
| **2.0** | **FORMAL APPLICATION PHASE** |
|  | Application Form |  |  |  |  |
|  | Schedule of Events |  |  |  |  |
|  | Payment of cost of certification |  |  |  |  |
|  | Submission of financial viability |  |  |  |  |
|  | Review of Application |  |  |  |  |
|  | Review of submission financial viability |  |  |  |  |
|  | Formal Application meeting |  |  |  |  |

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| **3.0** | **DOCUMENTS EVALUATION PHASE** |
|  | Compliance checklist Submission  |  |  |  |  |
|  | Review of Compliance checklist  |  |  |  |  |
|  | Safety Management System Manual Submission |  |  |  |  |
|  | Review of SMSM |  |  |  |  |
|  | Training Procedure Manual Submission |  |  |  |  |
|  | Review of TPM |  |  |  |  |
|  | Leasing/owned documents of UA(s) submission |  |  |  |  |
|  | Review of leasing/owned documents of UA(s) |  |  |  |  |
|  | Submission of SOP (can be manufacturers) |  |  |  |  |
|  | Review of SOP |  |  |  |  |
|  | Submission of Teaching Materials/ Slides  |  |  |  |  |
|  | Review of Teaching Materials/ Slides  |  |  |  |  |
|  | Submission of Instructor Guide |  |  |  |  |
|  | Review of Instructor Guide |  |  |  |  |
|  | Submission of Student Handouts |  |  |  |  |
|  | Review of Student Handouts |  |  |  |  |
|  | Maintenance Manual (or equivalent) submission |  |  |  |  |
|  | Review of Maintenance Manual (or equivalent)  |  |  |  |  |
|  | Submission of Aircraft Flight Manual (or equivalent) |  |  |  |  |
|  | Review of Aircraft Flight Manual (or equivalent) |  |  |  |  |

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|  | **Nominated Post Holder/Key Personnel** |
|  | Application for interview of AM |  |  |  |  |
|  | Application for interview of SM |  |  |  |  |
|  | Application for interview of CRP |  |  |  |  |
|  | Application for interview of MC |  |  |  |  |
|  | Interview of AM |  |  |  |  |
|  | Interview of SM |  |  |  |  |
|  | Interview of CRP |  |  |  |  |
|  | Interview of MC |  |  |  |  |
|  | **Insurance** |
|  | Submission Insurance |  |  |  |  |
|  | Acceptance of Insurance  |  |  |  |  |
|  | Description of applicant’s business organisation, corporate structure, and names and addresses of those entities and individuals having a major financial interest. |  |  |  |  |
|  | **OTHER** |
|  | Submission of approval from other agencies (if applicable) |  |  |  |  |

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| **Necessary document, action or event** | **Proposed Date** | **Date received/****Accomplished** | **Date returned for changes** | **Reference** |
| Note: Items in yellow will be completed by the CAAM |
| **4.0** | **DEMONSTRATION AND INSPECTION PHASE** |
|  | On site assessment* General areas
	+ Office space
	+ Study
	+ Storage area
* ERP
* Classroom
* Exam hall
* Practical training areas
* Flight Operations
* Simulation and procedure trainer areas (if applicable)
* Workshop and maintenance of UA and storage facilities
* Parts, tools and material storage areas
 |  |  |  |  |
|  | Acceptance of on-site assessment* General areas
	+ Office space
	+ Study
	+ Storage area
* ERP
* Classroom
* Exam hall
* Practical training areas
* Flight Operations
* Simulation and procedure trainer areas (if applicable)
* Workshop and maintenance of UA and storage facilities

Parts, tools and material storage areas |  |  |  |  |
|  | Inspection of UA |  |  |  |  |
|  | Acceptance of UA |  |  |  |  |
|  | Demonstration of theoretical knowledge training |  |  |  |  |
|  | Acceptance of RGI and its training content |  |  |  |  |
|  | Demonstration of practical flight training |  |  |  |  |
|  | Acceptance of RFI and its training content |  |  |  |  |
|  | Assessments of AE and FIE |  |  |  |  |
|  | Acceptance of AE and FIE |  |  |  |  |
|  | ERP Simulation |  |  |  |  |
|  | Acceptance of ERP  |  |  |  |  |
|  | **OTHER** |
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