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|  | **CIVIL AVIATION AUTHORITY OF MALAYSIA***PIHAK BERKUASA PENERBANGAN AWAM MALAYSIA***APPLICATION FOR INITIAL APPROVAL OF APPROVED SIGNATORY***(Civil Aviation Regulation 2016)* |
|  |
| **SECTION 1 – ORGANIZATION DETAILS** |  |
|  |  |
| 1.1 | Organization name | **:** |  |  |
|  |  |  |  |  |
| 1.2 | Organization Approval No. | **:** | a. |       | / |       | b. | AOC No.*(if any)* | : |  |  |
|  |  |  |  |  |
| 1.3 | Organization Address | **:** |                 |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **SECTION 2 – INFORMATION OF APPROVED SIGNATORY AND OTHER DETAILS** |  |
|  |  |
| 2.1 | Name  | **:** |  |  |
|  |  |  |
| 2.2 | AS approval type | **:** |  |  |
|  |  |  |  |  |
| 2.3 | Privilege applied | **:** |  |  |
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|  |  |  |  |  |
| 2.4 | Supporting documents  | **:** | [ ]  | Qualifications | [ ]   | Training | [ ]  | Quality Assessment |  |
|  |  |  | [ ]  | Experience/CV | [ ]  | Appointment Letter |  |  |  |
|  |  |  |  |  |
| 2.5 | Payment | **:** | 1. Date
 | Click or tap to enter a date. |  | Receipt b. Receipt Number | : |       |  |
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|  |  |  |  |  |
| **SECTION 3 – APPLICANT DECLARATION**  |  |
|  |  |  |  |  |
|  | *I* |       | *hereby declare that all the information provided in this* |  |
|  | *application and in the attached documents made for this application, to the best of my knowledge* |  |
|  | *is true and correct.* |  |
|  |  |  |
|  | Signature |  |  |  | Date | : | Click or tap to enter a date. |  |  |
|  |  |  |  |  |
|  | Name |  |       |  |  |
|  |  |  |  |  |
|  | Position |  |       |  |  |
|  |  |  |  |  |
|  | *(The signature for this declaration shall be from the accountable manager)* |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **SECTION 4 – CAAM OFFICIAL USE ONLY** |  |
|  |  |  |  |  |
|  | Received by | **:** |  | **Date** | **:** |  |  |  |
|  |  |
|  | Remark | **:** |  |  |
|  |  |  |  |  |

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| **INSTRUCTION FOR USE** |
| SECTION 1 |
| 1.1 | Fill up organization name. |  |
| 1.2a | Fill up the organization type approval issued by CAAM (e.g:ATO, CAMO, DOA, POA, AMO etc) and approval number. |  |
| 1.2b | Fill up the organization address. |  |
| SECTION 2 |
| 2.1 | Fill up the approved signatory name. |  |
| 2.2 | Fill up the approved signatory type currently hold by the person. Only one type of approval per application. |  |
| 2.3 | Fill up the current privilege (e.g; Airworthiness Review Report, Compliance Verification Engineer, Practical Assessor, Knowledge Examiner, Other DOA Approved Signatory etc) |  |
| 2.4 | Fill up the additional privilege applied. |  |
| 2.5 | Tick and attach supporting documents |  |
| 2.6 | Fill up payment date and receipt number and attach evidence of payment or receipt. |  |
| SETION 3 |
| 3.1 | Declaration by the accountable manager, fill up the name, position, date. \*If accountable manager not available, his quality monitoring post holder. |  |
| SECTION 4 |  |
|  | To be filled up by CAAM |  |