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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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 1.1 | | | Organization name | | | | | | | | | **:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 1.2 | | | Organization Approval No. | | | | | | | | | **:** | | a. |  | | | / | |  | | | | | | | | b. | AOC No.  *(if any)* | | | | | | : | |  | | | |  |
|  | | |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 1.3 | | | Organization Address | | | | | | | | | **:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **SECTION 2 – INFORMATION OF APPROVED SIGNATORY AND OTHER DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 2.1 | | Name | | | | | | | | | | **:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 2.2 | | AS approval type | | | | | | | | | | **:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 2.3 | | Privilege applied | | | | | | | | | | **:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 2.4 | | Supporting documents | | | | | | | | | | **:** | |  | | Qualifications | | | | |  | | | Training | | | | | | | | |  | | | | | Quality Assessment | | |  |
|  | |  | | | | | | | | | |  | |  | | Experience/CV | | | | |  | | | Appointment Letter | | | | | | | | |  | | | | |  | | |  |
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| 2.5 | | Payment | | | | | | | | | | **:** | | 1. Date | | | Click or tap to enter a date. | | | | |  | Receipt b. Receipt Number | | | | | | | | | | | : | |  | | | | |  |
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| **SECTION 3 – APPLICANT DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | *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.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Signature | | | | | |  |  | | | | | | | | | | | | | | | | |  | | Date | | | : | Click or tap to enter a date. | | | | | | | |  | |  |
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|  | Position | | | | | |  |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
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|  | *(The signature for this declaration shall be from the accountable manager)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **SECTION 4 – CAAM OFFICIAL USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Received by | | | | | **:** | | |  | | | | | | | | | | | | | | | | | **Date** | | | | **:** | |  | | | | | | | |  |  |
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|  | 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 |  |