

FLIGHT OPERATIONS APPROVAL PROCEDURES (AD-HOC) CHARTER / LEASE OPERATIONS

| Operator | AOC Number | |
|---------------|----------------------|--|
| Intended Date | Operator's Reference | |
| Intended Time | Intended Sectors | |

| Α | AIR TRANSPORT DIVISION (COMMERCIAL) | | | | |
|---|--|--|----|--|--|
| 1 | 1 Is approval obtained from Air Transport Division CAAM for the charter / lease Yes C | | No | | |
| 2 | 2 Is approval obtained for the charter / lease flights from Air Transport Division Yes D No CAAM when it involved two countries. | | No | | |
| 3 | Air Transport Division Approval Reference | | | | |

| В | AIRWORTHINESS SECTOR | | | |
|---|--|-----|----|--|
| 1 | Registration of the aircraft(s) to be used for the operations : | | | |
| 2 | Does the aircraft intended for the operations have a valid Certificate of Airworthiness (C of A) ? | Yes | No | |

C FLIGHT OPERATIONS SECTOR

Please submit the documents below for review by CAA Malaysia. However, if the airport(s) of intended operations are listed in Operational Specifications (OM-C), then items on C1,C2 and C3 below can be omitted.

| 1 | Charts of destination airports, alternate and enroute alternate. | | No | |
|---|--|-----|----|--|
| 2 | Airways charts for the intended routes. | | No | |
| 3 | Operational Flight Plans for the intended routes, destination and alternate. | Yes | No | |
| 4 | Are Technical Crew qualified for the intended operation? | Yes | No | |
| 5 | Has ground handling been arranged at the destination airport? | Yes | No | |

| D | RISK ASSESSMENT | | | | |
|-----|--|-----|--|----|--|
| Ple | Please submit the documents below for review by CAA Malaysia. | | | | |
| 1 | Station facilities, equipments, lightings, area pertaining to aircraft operations. | Yes | | No | |
| 2 | Intended routes | Yes | | No | |
| 3 | Airports designated as alternate | Yes | | No | |

| Ε | RESPONSIBILITY | | |
|---|-----------------|--|--|
| Person responsible for the charter / lease operations who will liase with CAA Malaysia: | | | |
| 1 | Name / Position | | |
| 2 | Contact Number | | |
| 3 | Email Address | | |

| FILLED BY | | | |
|-----------|--|--|--|
| SIGNATURE | | | |
| NAME | | | |
| DATE | | | |

| FOR CAAM OFFICIAL USE ONLY | | | | |
|----------------------------|--|--|--|--|
| APPROVED / NOT APPROVED | | | | |
| REMARKS | | | | |
| SIGNATURE | | | | |
| NAME | | | | |
| DATE | | | | |