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|  | **CIVIL AVIATION AUTHORITY OF MALAYSIA** |
| **APPLICATION FOR VALIDATION OF FOREIGN AIRCRAFT MAINTENANCE LICENCE** *(Civil Aviation Regulation 2016)* |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SECTION 1 – APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Full Name | | | | **:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Address | | | | **:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Nationality | | | | | | **:** | |  | | | | | | | | | | | | | | | NRIC/Passport No. | | | | | | | **:** |  | | | |  |
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|  | Date of Birth (dd/mm/yyyy) | | | | | | **:** | |  | | | | | | | | | | | | | | | Gender | | | | | | | **:** | Male  Female | | | |  |
|  |  | | | | | |  | |  | | | | | | | | | | | | | | |  | | | | | | |  |  | | | |  |
|  | Phone No. | | | | | | **:** | |  | | | | | | | | | | | | | | | Email | | | | | | | **:** |  | | | |  |
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|  | Are you a holder of CAAM Part 66 Aircraft Maintenance Licence (AML)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | CAAM Part-66 AML No. | | | | | | | | | | | | **:** |  | | | | | | | | | | | | |  | | | | | | | | |  |
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|  | Have you notified the Issuing Authority for licence verification? (if applicable) | | | | | | | | | | | | | | | | | | | **:** | Yes  No | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |  |
|  | Foreign AML No. | | | | | **:** | |  | | | | | | | | | | | | Issuing Authority Name | | | | | | | | **:** | |  | | | | | |  |
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|  | Issuing Authority Phone No. | | | | | **:** | |  | | | | | | | | | | | | Issuing Authority Email | | | | | | | | **:** | |  | | | | | |  |
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| **SECTION 2 – ORGANISATION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Name | | | | | | | | | | **:** |  | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Approval No. | | | | | | | | | | **:** |  | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Are you currently employed by the Organisation? | | | | | | | | | | | | | | | | | | | | | **:** | | | Yes  No | | | | | | | | | | |  |
|  | *Please attach copy of appointment letter.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **SECTION 3 – APPLICATION DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Issuance  Re-Issue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Category | | : | A1 | | | | | | A2 | | | | | A3 | | | | A4 | | | | B1.1 | | | B1.2 | | | B1.3 | | | | B1.4 | B2 | C |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Type/ Task Rating Endorsement | | | | | | | | | | | | | | | **:** |  | | | | | | | | | | | | | | | | | | |  |
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| **SECTION 4 – SUPPORTING DOCUMENTS** | | | | | | | | | | | | | | | | | | | | |  |
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|  | Please mark the appropriate boxes: | | | | | | | | | | | |  | | |  | | | | |  |
|  | Certified True Copy IC/ Passport | | | | | | | | | | | |  | | |  | | | | |  |
|  | Certified True Copy a valid Foreign AML | | | | | | | | | | | |  | | |  | | | | |  |
|  | Copy of employment letter | | | | | | | | | | | |  | | |  | | | | |  |
|  | Evidence of passing CAAM Part 66 Module 10 | | | | | | | | | | | |  | | |  | | | | |  |
|  | Evidence of assessment of CAAM Part 66 Module 10 | | | | | | | | | | | |  | | |  | | | | |  |
|  | Evidence of competency in English language | | | | | | | | | | | |  | | |  | | | | |  |
|  | Copy of evidence of exercising privileges of Foreign AML (min 3 years) | | | | | | | | | | | |  | | |  | | | | |  |
|  | Copy of Surat Pegawai Dagang (if applicable) | | | | | | | | | | | |  | | |  | | | | |  |
|  | *Note: Application without complete documents will not be accepted* | | | | | | | | | | | |  | | |  | | | | |  |
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| **SECTION 5 – APPLICANT DECLARATION** | | | | | | | | | | | | | | | | | | | | |  |
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|  | *I declare that the above particulars and documents submitted with this application are true in every respect.* | | | | | | | | | | | | | | | | | | | |  |
|  | *I understand that I am submitting an application for which fees or charges will be levied by Civil Aviation Authority of Malaysia in accordance with Civil Aviation (Fees and Charges) Regulations 2016.* | | | | | | | | | | | | | | | | | | | |  |
|  | *I declare to be aware that fees or charges, as well as all associated costs must be paid whether or not the application is successful and that they are not refundable. Moreover, I declare that I am aware of the consequences of non-payment.* | | | | | | | | | | | | | | | | | | | |  |
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|  | Signature | | |  |  | | | | |  | | Date | | : |  | | | |  | |  |
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| **SECTION 6 – RECOMMENDATION FROM APPROVED ORGANISATION** | | | | | | | | | | | | | | | | | | | | |  |
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|  | *It is hereby certified that the applicant has met the requirements of CAD 1802 and it is recommended that the CAAM issue Certificate of Validation of Foreign Aircraft Maintenance Licence.* | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | |  |
|  | Signature | | |  |  | | | | |  | | Date | | : |  | | | |  | |  |
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|  | Name | | |  |  | | | | | | | | | | | | |  | | |  |
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|  | Position | | |  |  | | | | | | | | | | | | |  | | |  |
|  | *Note: Recommendation shall be made by Quality Manager/ Accountable Manager* | | | | | | | | | | | | | | | | | | | |  |
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| **SECTION 7 – CAAM OFFICIAL USE ONLY** | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Received by | **:** | | |  | | | | | Date | | | **:** | | |  | | |  |  |
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|  | | Remark  *(Include receipt number)* | | **:** | | |  | | | | | | | | | | | | | |  |
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