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|  | **CIVIL AVIATION AUTHORITY OF MALAYSIA***PIHAK BERKUASA PENERBANGAN AWAM MALAYSIA* |
| **APPLICATION FOR APPROVAL OF ALTERNATIVE METHOD OF COMPLIANCE (AMOC) WITH AIRWORTHINESS DIRECTIVE (AD)***(Civil Aviation Regulation 2016)* |
|  |
| **SECTION 1 – ORGANISATION DETAILS** |  |
|  |  |
| 1.1 | Organisation Name | **:** |  |  |
|  |  |  |  |  |
| 1.2 | Address | **:** |  |  |
|  |  |  |  |  |
| 1.3 | Approval Reference  | **:** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **SECTION 2 – CONTACT DETAILS** |  |
|  |  |
| 2.1 | Name | **:** |  |  |
|  |  |  |
| 2.2 | Position | **:** |  |  |
|  |  |  |  |  |
| 2.3 | Correspondence Address | **:** |  |  |
|  |  |  |  |  |
| 2.4 | Email | **:** |  |  |
|  |  |  |  |  |
| 2.5 | Phone/Facsimile | **:** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **SECTION 3 – AIRWORTHINESS DIRECTIVE IDENTIFICATION** |  |
|  |  |
| 3.1 | AD Number | **:** |  |  |
|  |  |  |  |  |  |  |  |
| 3.2 | Title | **:** |  |  |
|  |  |  |  |  |
| 3.3 | Issued by | **:** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **SECTION 4 – PRODUCT IDENTIFICATION** |  |
|  |  |
| 4.1 | Type Certificate Number | **:** |  |  |
|  |  |  |  |  |  |  |  |
| 4.2 | Type Certificate Holder | **:** |  |  |
|  |  |  |  |  |
| 4.3 | Type Name | **:** |  |  |
|  |  |  |  |  |
| 4.4 | Model(s) | **:** |  |  |
|  |  |  |  |  |  |  |  |
| 4.5 | Serial Number(s) | **:** |  |  |
|  |  |  |  |  |
| 4.6 | Other Criteria | **:** |  |  |
|  |  |  |  |  |
| 4.7 | Airworthiness Code | **:** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **SECTION 5 – DESCRIPTION** |  |
|  |  |
| 5.1 | Title | **:** |  |  |
|  |  |  |  |  |
| 5.2 | Description | **:** |  |  |
|  |  |  |  |  |
| 5.3 | Justification | **:** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **SECTION 6 – 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.*  |

 |  |
|  | Signature | **:** |  | Date | **:** |  |  |
|  |  |  |  |  |
|  | Name | **:** |  |  |
|  |  |  |  |  |
|  | Position | **:** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **SECTION 7 – CAAM OFFICIAL USE ONLY** |  |
|  |  |  |  |  |
|  | Received by | **:** |  | Date | **:** |  |  |
|  |  |  |  |  |  |  |  |
|  | Remark | **:** |  |  |
|  |  |  |  |  |

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| **INSTRUCTIONS** |
| SECTION 1  |
| 1.1 | Fill up organisation name. |  |
| 1.2 | Fill up organisation registered address. |  |
| 1.3 | Fill up organisation approval reference number.  |  |
| SECTION 2  |
| 2.1 | Fill up applicant name. This person to be point of contact for this approval. |  |
| 2.2 | Fill up applicant position in the organisation. |  |
| 2.3 | Fill up applicant correspondence address. |  |
| 2.4 | Fill up applicant email address. |  |
| 2.5 | Fill up applicant phone number and facsimile number. |  |
| SECTION 3 |
| 3.1 | Fill up Airworthiness Directive (AD) reference number. **Only one AD number per AMOC application is acceptable**. |  |
| 3.2 | Fill up AD title. |  |
| 3.3 | Fill up the issuing Authority of the AD. |  |
| SECTION 4 |
| 4.1 | Fill up product type certificate number. |
| 4.2 | Fill up product type certificate holder name. |
| 4.3 | Fill up product type name. |
| 4.4 | Fill up product model(s). |
| 4.5 | Fill up product serial number(s) to which the AMOC application is restricted. |
| 4.6 | Fill up any other criteria to which the AMOC application is restricted. |
| 4.7 | Fill up the applicable airworthiness code proposed to be used for certification, i.e. CS 23, FAR 25. |
| SECTION 5 (***Note: Refer paragraph 3.6 of CAD 8501****)* |
| 5.1 | Fill up short title for AMOC. |
| 5.2 | Fill up a brief description of the intended alternative method of compliance (AMOC). |
| 5.3 | Fill up justification that the information provided is adequate either from own resources or through an arrangement with the TC-holder. Attach reference document if any. |
| SECTION 6 |
|  | Fill up applicant signature, date, name and position.*Note: By signing this application, the applicant is abiding to the terms in Section 6 and is responsible for the approval process.* |  |
| SECTION 7 |  |
|  | To be filled up by CAAM only. |  |