

	<p style="text-align: center;">AIR NAVIGATION SERVICES AND AERODROME DIVISION</p> <p style="text-align: center;">AERONAUTICAL TELECOMMUNICATION FACILITIES CERTIFICATION APPLICATION FORM</p>	<p style="text-align: center;">CAAM/BPUA/CNS/02</p>
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### **About this Application Form:**

This form is approved by the Civil Aviation Authority of Malaysia (CAAM) for the issuance of specific approvals. The application form is made up of three (3) sections as follows:

- 1) Section A – Details of the applicant
- 2) Section B – Aeronautical Telecommunication facility/ unit details
- 3) Section C – Applicants declaration

### **Guidelines for Completing this Application Form:**

All applicants shall fill all sections of this application form. All information will be used to assess if the applicant is entitled to a Certificate of Aerodrome. An incomplete, poorly prepared or inaccurate application may:

- Result in rejection of the application
- Result in delays
- Result in a refusal to issue a certificate of aerodrome

### **Giving false or misleading information is an offence under Regulation 158(a), 159 and 76 of the Civil Aviation Regulations 2016.**

If the form is filled by hand, use block letters and either a black or blue ballpoint pen. Some questions contain check boxes or columns to be ticked, annotate with a 'X' where appropriate (e.g. columns where there is a YES/NO option). This information is used by the Air Navigation Service and Aerodrome Standards Division when going through the application package.

### **Required Documentation Supporting this Application:**

- 1) CAAM/AW/1021-01
- 2) Letter of Request to CAAM
- 3) Compliance statement
- 4) Proof of payment

*Note. – All documents are to be prepared and made readily available to process this application in electronic format. CAAM may request for hard copies if required.*



**Section A – Details of the applicant**

<b>Applicant type:</b> <i>(tick appropriate box)</i>		Certificate No: <i>(if applicable)</i>	
<input type="checkbox"/>	New Certification		
<input type="checkbox"/>	Renewal		
<input type="checkbox"/>	Amendment		
Name of Service Provider			
Phone		Fax	
Registered Address			
		City	
		Postcode	State
Website			
<b>Details of the person that you wish CAAM to contact in relation to this application</b>			
Full Name			
Phone		Mobile	
Email			
<b>Operation Details to be Certified</b>			
Equipment / Model			
Proposed location			
State		Lot No.	
District		Plan No.	
Latitude			
Longitude			
Proposed Commencement Date			
Daily Hour Service			



**Section B – Aeronautical Telecommunication Facility/ Unit Details**

**List units and/or facilities to be included on certificate**  
*(if needed for additional units/facilities, attach a continuation sheet)*

**Communication System Facility/Unit**

Unit/ Facility Name and Type	Model and Serial Number	Date Installed / commissioned	Frequency (MHz)		Maximum Output Power (dBm)	Location
			Transmit	Receive		

**Navigation System Facility/Unit**

Unit/Facility Name and Type	Model and Serial Number	Date Installed / commissioned	Frequency (MHz)		Maximum Output Power (dBm)	Location
			Transmit	Receive		

**Surveillance System Facility/Unit**

Unit/Facility Name and Type	Model and Serial Number	Date Installed / commissioned	Frequency (MHz)		Maximum Output Power (dBm)	Location
			Transmit	Receive		



**Checklist of Required Documentation for Initial Certificate**

Form CAAM/BPUA/CNS/02	
Proof of application fee payment*	
Compliance statement as in CAD 1023 (Paragraph 3.2)	
Other documents as may be requested by CAAM	

**Checklist of Required Documentation for Renewal Certificate**

Form CAAM/BPUA/CNS/02	
Proof of renewal fee payment*	
Compliance statement in CAD 1023 (Paragraph 3.2)	
Other documents as may be requested by CAAM	

**Proposed Change/ Amendment (*if applicable*)**

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### Section C – Applicants declaration

#### DECLARATION

1. I declare and undersign below that the statements, answers and attachments provided in this application form is true and correct to the best of my knowledge in accordance with Civil Aviation Regulations 2016 and Civil Aviation Directives (CADs).

**Giving false or misleading information is an offence under Regulation 76, 158(a) and 159 of the Civil Aviation Regulations 2016.**

2. I understand that processing the application may be delayed if:

- The application does not accurately and completely identify my/our requirements; or
- The details in this application are subsequently changed; or
- Adequate supporting documentation has not been provided.

3. I understand and agree that for CAAM to proceed with this application, I must:

- Accept the cost as per Civil Aviation (Fees and Charges) Regulation; and
- Forward the prescribed payment; and
- Forward all supporting documentation as required by the specific approval being applied for.

4. I understand that before certificate of aerodrome is granted, the Authority will require to be satisfied that the physical conditions on the manoeuvring area and its environs are acceptable, that the scale of equipment and services are adequate, and that the aerodrome is organized, staffed and other arrangements sufficient to ensure the safe operations of the aerodrome. The requirements are set out in detail in the respective Civil Aviation Directives, Civil Aviation Regulations 2016 and any relevant publications issued by the Civil Aviation Authority of Malaysia (CAAM) in relation to this application.

*Note. – CAAM may send materials/responses relating to this application by email or by mail.*

Name of Applicant	
Signature	
Date	



**AIR NAVIGATION SERVICES AND AERODROME  
DIVISION**  
**AERONAUTICAL TELECOMMUNICATION FACILITIES  
CERTIFICATION APPLICATION FORM**

CAAM/BPUA/CNS/02

**FOR CAAM USE ONLY**

Date of Initial application Received by administrator		..... Name & Signature of CAAM Personnel	
Fee payable			
Cash / Credit Card			
Receipt No.:			
<b>Subject</b>		<b>Date</b>	<b>Name &amp; Signature</b>
Application Form and application package checked for completeness.			
Approval process administratively completed ( <i>Billing, and issuance/exchange of Certificates</i> ).			
Approved ( <i>if no, state reasons below</i> )	YES		NO
Final report ( <i>Attach extra sheet(s) if required</i> ):			
Name of Director of ANSA			
Signature			
Date			



**CAAM Record and Filing**

1	File Reference No.:		
2	Filing Date:		
3	Database update date <i>(if applicable):</i>		
4	Compilation of ASD documents	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Comment(s) <i>(if any):</i>		
Administrative Officer Name/Stamp		Administrative Officer Signature	Date