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|  | **CIVIL AVIATION AUTHORITY OF MALAYSIA** |
| **CHECKLIST FOR MINIMUM EQUIPMENT LIST***(Civil Aviation Regulation 2016)* |
|  |
| **SECTION 1 – APPLICANT DETAILS** |  |
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| 1.1 MEL Application for | **:** |  [ ]  Initial |  [ ]  Amendment |  |
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| 1.2 | CAMO name | **:** |       |  |
|  |  |  |  |  |
| 1.3 | Organization approval number | **:** | a. | CAMO | : |       | b. | AOC *(if any)* | : |       |  |
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| 1.4 MEL reference | **:** |       |  |
|  |  |  |  |
| 1.5 Operator | : |       |  |
|  |  |  |  |
| 1.6 Aircraft type | **:** |       |  |
|  |  |  |  |
| **SECTION 2 – MEL CONTENTS AND CHECKLIST** |  |
|  |  |  |  |  |  |  |
|  |  |  | **Operators Note** | **CAAM comments** |  |
| 2.1 | MMEL latest revision attached |  |       |  |       |  |
|  |  |  |  |  |  |  |
| 2.2 | MEL received in 2 copies |  |       |  |       |  |
|  |  |  |  |  |  |  |
| 2.3 | Verify MEL addresses all MMEL items including “Number Required”, “Number Installed” and “Remarks or Exceptions” |  |       |  |       |  |
|  |  |  |  |  |  |  |
| 2.4 | Verify MEL addresses restrictions, operations and/or maintenanceprocedures. |  |       |  |       |  |
|  |  |  |  |  |  |  |
| 2.5 | Verify MEL amendment system. |  |       |  |       |  |
|  |  |  |  |  |  |  |
| 2.6 | Verify the following contents of the MEL; |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | 1. List of Effective Pages (L.E.P)- CAAM Approval column
 |  |       |  |       |  |
|  |  |  |  |  |  |  |
|  | 1. Preamble including incorporation of latest MMEL revisions
 |  |       |  |       |  |
|  |  |  |  |  |  |  |
|  | 1. Table of Contents
 |  |       |  |       |  |
|  |  |  |  |  |  |  |
|  | 1. Explanations of abbreviations/symbols
 |  |       |  |       |  |
|  |  |  |  |  |  |  |
|  | 1. Policy/Procedure to defer MEL defects
 |  |       |  |       |  |
|  |  |  |  |  |  |  |
|  | 1. ATA Spec. Numbering
 |  |       |  |       |  |
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| 2.7 | Verify item not addressed by MMEL for example “*as required by NAA”* are being reviewed by the operator to comply with CAAM requirements. |  |       |  |       |  |
|  |  |  |  |  |  |  |
| 2.8 | MEL review by CAAM Flight Operation Division is completed and satisfactory. |  |       |  |       |  |
|  |  |  |  |  |  |  |
| 2.9 | Verify the operator’s policies and /or procedure of defer defect in the CAME and/or procedure manual. |  |       |  |       |  |
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| 2.10 | Verify the operator’s MEL is no less restrictive than MMEL. |  |       |  |       |  |
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| 2.11  | A meeting between CAAM Airworthiness Division, and Flight Operation Division and operator’s CAMO and Flight Operation is conducted. |  |       |  |       |  |
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| **SECTION 3 – OPERATOR’S DECLARATION** |
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| 1. I declare that the information provided in this form is true and correct.
2. I fully understand that in order for CAAM to approve this application, on-site visit/audit may be required either, which incurred some cost under CAR 2016 - Fee and Charges Regulation. All related cost shall be borne by the organization.

I fully understand that any false statement and wrong information in this application and in the Minimum Equipment List, may delay or reject the approval. |

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|  | Continuing Airworthiness Manager |  | Signature |  | Date |  |
|  |  |  |  |  |
|  |       |  |  |  |       |  |
|  | Flight Operation Manager |  | Signature |  | Date |  |
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| **SECTION 4 – CAAM OFFICIAL USE ONLY** |  |
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| **MEL REFERENCE** | **:** |  |  |
|  |  |  |  |
| **OPERATOR** | **:** |  |  |
|  |  |  |  |  |
| 4.1 | **Review by Airworthiness Division** |  |
|  |  |  | Comments |  |
|  | Satisfactory |[ ]        |  |
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|  |  |  |  |  |
|  | Not Satisfactory |[ ]        |  |
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|  | Name | : |       |  |  |
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|  | Position | : |       |  |  |
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|  | Signature | : |       | Date | : |       |  |
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| 4.2 | **Review by Flight Operation Division** |  |
|  |  |  | Comments |  |
|  | Satisfactory |[ ]        |  |
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|  | Not Satisfactory |[ ]        |  |
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|  | Position | : |       |  |  |
|  |  |  |  |  |  |
|  | Signature | : |       | Date | : |       |  |
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| **INSTRUCTIONS** |
| **SECTION 1 – APPLICANT DETAILS** |
| 1.1 | Cross at column INITIAL application or Amendment of this MEL Checklist submission |  |
| 1.2 | Fill up CAMO name as per CAMO certificate |  |
| 1.3a | Fill up the CAMO organization approval issued by CAAM. |  |
| 1.3b | Fill up the AOC No. by CAAM (if applicable)  |  |
| 1.4 | Fill up the operator MEL reference number, revision and issue number , date, amendment no, etc |  |
| 1.5 | Fill up the operator name use the MEL |  |
| 1.6 | Fill up the aircraft type and applicability of aircraft MSN use this MEL (if applicable) |  |
| **SECTION 2 – MEL CONTENTS AND CHECKLIST** |
|  | Fill up the MEL reference/remark/note in accordance with column.Fill up remark all checklist items from 2.1 until 2.11. Please mention N/A if not applicable |  |
| **SECTION 3 – OPERATOR’S DECLARATION** |
|  | Fill up date, stamp of company position and put signature of Continuing Airworthiness Manager and Flight Operation Manager on the MEL checklist declaration part submission after understand content of declaration. |  |
| **SECTION 4 – CAAM OFFICIAL USE ONLY** |
|  | To be filled up by CAAM |