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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | **CIVIL AVIATION AUTHORITY**  **MALAYSIA** | | **APPLICATION FOR CAAM PART 66 DIRECT TYPE TRAINING COURSE APPROVAL**  *(Civil Aviation Regulations 2016)* | | |  | | | | | | | | | | | | | | | | | | | |
| 1. **TYPE OF APPLICATION:** | | | |  | | | | **INITIAL** | | | |  | | | **VARIATION** | | | |
| 1. **APPLICANT DETAILS** (The applicant is the person responsible for payment of CAAM fees and charges) | | | | | | | | | | | | | | | | | | |
| Registered Company Name: | | | |  | | | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Company Registration number: | | | |  | | | | | | | | | | | | | | |
| NAA Approval (if applicable): | | | |  | | | | | | | | | | | | | | |
| 1. **CONTACT** **DETAILS** | | | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | | | | | | | | |
| Position: | | | |  | | | | | | | | | | | | | | |
| Phone/ Fax: | | | |  | | | | | | | | | | | | | | |
| Email: | | | |  | | | | | | | | | | | | | | |
| 1. **TRAINING COURSE DESCRIPTION** | | | | | | | | | | | | | | | | | | |
| **4.1 Approval Requested:** | | | |  | | One-off | | |  | | Single | | |  | | | Series | |
| **4.2 Type Training Course** | | | | | | | | | | | | | | | | | | |
| **Rating** | | **Scope**  [Quote Aircraft Type and Engine] | | | | | | | | | | | | | | **Theory** | | **Practical** |
| B1 | |  | | | | | | | | | | | | | |  | |  |
| B2 | |  | | | | | | | | | | | | | |  | |  |
| A | |  | | | | | | | | | | | | | |  | |  |
| C | |  | | | | | | | | | | | | | |  | |  |
| **4.3 Training Provider** | | | | | | | | | | | | | | | | | | |
|  | CAAM Part 145 AMO | | Name: | | | |  | | | | | | | | | | | |
| NAA Approval No: | | | |  | | | | | | | | | | | |
|  | Manufacturer | | Name: | | | |  | | | | | | | | | | | |
| NAA Approval No: | | | |  | | | | | | | | | | | |
|  | Others:  *(Part 147 Organisation approved by NAA)* | | Name: | | | |  | | | | | | | | | | | |
| NAA Approval No: | | | |  | | | | | | | | | | | |
| **4.4 Training Location** | | | | | | | | | | | | | | | | | | |
| Main Training Site Address:  *(if different from the address stated in Section 2)* | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Additional Training Site Address(es): | | | | |  | | | | | | | | | | | | | |
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| *All training sites should be audited for suitability in advance of any training by the applicant organisation. The audit reports shall be made available at the time of any CAAM audit or forwarded for review when requested by the assigned inspector.* | | | | | | | | | | | | | | | | | | |
| 1. **MANAGEMENT PERSONNEL** | | | | | | | | | | | | | | | | | | |
| **Position/ Post** | | | | **Name** | | | | | | | | | **Email** | | | | | |
| 1. Person responsible for Training | | | |  | | | | | | | | |  | | | | | |
| 1. Person responsible for Quality | | | |  | | | | | | | | |  | | | | | |
| 1. Person responsible for Examination | | | |  | | | | | | | | |  | | | | | |
| 1. **DOCUMENTS SUBMITTED** (as applicable) | | | | | | | | | | | | | | | | | | |
| **Document** | | | | | | | **Document reference** | | | | | | | | | | | |
| 1. Payment of applicable fee (No. 36 of Civil Aviation (Fees and Charges) Regulations 2016) | | | | | | |  | | | | | | | | | | | |
| 1. Aircraft Certification basis | | | | | | |  | | | | | | | | | | | |
| 1. CAAM Type Acceptance/ Validation letter | | | | | | |  | | | | | | | | | | | |
| 1. CAD 1801 App. 3 compliance matrix verified by person responsible for Quality | | | | | | |  | | | | | | | | | | | |
| 1. Training provider’s business registration certificate | | | | | | |  | | | | | | | | | | | |
| 1. CAAM/ NAA Approval Certificate | | | | | | |  | | | | | | | | | | | |
| 1. Training Need Analysis/   Maintenance Training Programme | | | | | | |  | | | | | | | | | | | |
| 1. Lesson plan / training plan | | | | | | |  | | | | | | | | | | | |
| 1. List of qualified instructors, examiners and assessors | | | | | | |  | | | | | | | | | | | |
| 1. Qualification, training and experience of each instructor, assessor and examiner including supporting evidence | | | | | | |  | | | | | | | | | | | |
| 1. Sample of examination question | | | | | | |  | | | | | | | | | | | |
| 1. MTOE or training procedure | | | | | | |  | | | | | | | | | | | |
| 1. Training Material / Notes | | | | | | |  | | | | | | | | | | | |
| 1. Logbook for practical training | | | | | | |  | | | | | | | | | | | |
| 1. Sample of practical assessment | | | | | | |  | | | | | | | | | | | |
| 1. Sample of course completion certificate | | | | | | |  | | | | | | | | | | | |
| 1. **APPLICANT’S DECLARATION AND ACCEPTANCE OF GENERAL CONDITIONS AND TERMS OF PAYMENTS:** | | | | | | | | | | | | | | | | | | |
| I declare that the above particulars and documents submitted with this application are true in every respect.  I have understood that I am submitting an application for which fees or charges will be levied by the CAAM 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 be refundable. Moreover, I declare that I am aware of the consequences of non-payment. | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | |  | | | | | | | | |
| Name of Accountable Manager | | | Signature\* | | | | | | | Date | | | | | | | | |
| **Note: *\**** *CAAM does not accept applications without signature. The signature of the Accountable Manager is always required.* | | | | | | | | | | | | | | | | | | |
| **False Representation Statement** | | | | | | | | | | | | | | | | | | |
| It is an offence under Regulation 164 of the Civil Aviation Regulation 2016 to make any false representation for the purpose of himself, herself or any other person the grant, issue, renewal or variation of any such authorization, direction, certificate, licence, approval, permission, permit, exemption or other documents issued or required by this regulation. | | | | | | | | | | | | | | | | | | |

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| **INSTRUCTIONS**  The following information is to facilitate the application completion. Failure to supply such information may result in your application being delayed while we endeavor to contact you. | |
| General | Use this form to apply for CAAM type training validation approval (OEM/ TC Holder only) or approval of aircraft type training course in reference to CAD 1801, Appendix 3 para 1.0 that leads to the grant of a type rating on CAAM Part 66 AML where an approved CAAM Part-147 type course is not being used for that purpose. |
| Field 1 | Please tick on the desired type of application |
| Field 2 | Please enter the details as required of the legal entity making the application and provide copy of company’s  registration certificate |
| Field 3 | Please enter the details of contact person for correspondence purposes. |
| Field 4.1 | Please tick the desired type of approval. The approval will be invested in and be specific to the applicant and will cover either a single (for OEM/ TC Holder) for intended aircraft type training approval, one-off (OEM/ TC Holder/ AMO/ MTO and others) for a one-time approval, or defined series of the same course within a 12-month time limit (OEM/ TC Holder/ AMO/ MTO) and is subjected to CAAM discretion. |
| Field 4.2 | Please quote aircraft type training applied for, with airframe and engine combination appropriate to the category applied for. Example Airbus A330 (PW4000); Piper PA28 (Lycoming); Leonardo AW139 (PW PT6C); Differences Diamond DA40(Technify) to Diamond DA40(Austro). |
| Field 4.3 | Please tick on the applicable Training Provider and provide copy of the relevant NAA approval certificate. |
| Field 4.4 | Please enter the main address of the intended training provider’s location. If additional training location is required please provide a copy of audit report demonstrating compliance to requirement in CAD 1821 para 4.1, 4.4 and 4.5 and training provider’s procedure (training/ examination away from approved location) and additional address for variation (if applicable). |
| Field 5 | Please enter the detail of training provider’s management personnel. |
| Field 6 | Kindly submit relevant documents when and as required during application.  *Important Note:*  *1) A Training Needs Analysis shall be accompanied with this application and shall state the course duration in days and hours, subjects instructed and that the levels of training meet the specifications of CAD 1801, Appendix 3 aircraft type training and examination standard. The course must include, at least:*  *a) In service experience of the aircraft type.*  *b) Feedback from in services difficulties/ occurrence reporting etc.*  *c) Significant Airworthiness Directives and/or Service Bulletins.*  *d) The theoretical training should be supplemented with a review of the aircraft or systems hardware, ground simulator time, borescope, engine running, use of training aids e.g. aircraft system components and computer-based training.*  *2) Course examinations shall comprise multi choice questions and each question is to have three alternative answers of which only one is correct. The time allowed for answering each question is to be 90 seconds for level 3 questions. The minimum number of questions is related to the course length with at least one question for each hour of instruction. The examination shall be of "closed book" style with a pass mark of 75% with no penalty marking. Phase examinations should be a minimum of four questions for each ATA chapter and may not be used in the final examination. One re-sit may be taken for failures between 70 - 74%. There should be an examination analysis system for each course.*  *3) Provide a list of qualified instructors, assessors and examiners intended for this application. Each person shall be accompanied with evidence of qualification, training and assessment by training organization and as identified in MTOE 1.5 or other approved training procedure.*  *4) On successful completion of the course, a course certificate shall be issued for each student by the training provider.* |
| Field 7 | For initial and variation, please enter the address of other than main location, if applicable. |
| Others | Payment shall be made in accordance with Civil Aviation Regulation 2016 (Fees and Charges), latest amendment. |

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| 1. **FOR CAAM USE ONLY** | | | |
| Amount Received |  | Receipt No. |  |
| Date of Payment |  | Signature and date |  |