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|  | **CIVIL AVIATION AUTHORITY OF MALAYSIA** |
| **APPLICATION TO CONDUCT AIRWORTHINESS FLIGHT TEST***(Civil Aviation Regulation 2016)* |
|  |
| **SECTION 1 – APPLICANT DETAILS** |  |
|  |  |
|  1.1 | Aircraft Owner/ Operator | **:** |  |  |
|  |  |  |  |  |
|  1.2 | Organization Approval No. | **:** | a. | CAMO | : |       | b. | AOC No.*(if any)* | : |  |  |
|  |  |  |  |  |
|  1.3 | CAMO  | **:** |       |  |
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| **SECTION 2 – PILOT DETAILS** |  |
|  |  |
| 2.1 | Pilot’s name as per I/C or passport | **:** |  | Age **:** | Age |  |
|  |  |  |  |  |
| 2.2 | Employer | **:** |  |  |
|  |  |  |  |  |
| 2.3 | Pilot’s correspondence address | **:** |  |  |
|  |  |  |  |  |
| 2.4 | Email address | **:** |  |  2.5 Contact No.  |  |  |
|  |  |  |  |  |
| 2.6 | Pilot’s licence type | **:** | Type |  2.7 Licence No.  **:**   |  |  |
|  |
| 2.8 | Issued by (NAA) | **:** |  |  2.9 Valid until |  **:** | Date. |  |
|  |
| 2.10 | Aircraft type rating | **:** |  |  |
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| **SECTION 3 – PILOT EXPERIENCE**  |
|  |
| 3.1 | Pilot’s minimum experience met CAD 8302: |  |
|  |
|  | Paragraph 2.4.2 (a) | [ ]  | Paragraph 2.4.2 (b) | [ ]  | Paragraph 2.4.2 (c) | [ ]  |  |
|  |
| 3.2 | Others | **:** |  |  |
|  |  |  |
| 3.3 | Pilot’s flying experience on aircraft type to be tested: |  |
|  |  |  |
|  | Aircraft type | Total Flying Hours | Flying hours in last 12 months |  |
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| **SECTION 4 – APPLICANT DECLARATION**  |  |
|  |  |  |  |  |  |
|  | 1. I declare that the information provided in this form is true and correct as per CAD 8302.
2. I fully understand that in assessing this application, on-site visit/audit may be required, which may incur costs chargeable under CAR 2016 - Fee and Charges Regulation. All related costs shall be borne by the organization.
3. I fully understand that any intention to deceive, making false statement or providing wrong information in this application and in the supporting documents, is an offence under regulation 164 of the CAR 2016.
 |  |
|  |  |       |  |  |  |  |  |
|  |  |
|  |  | Name of Authorized Person |  | Signature |  | Date |  |
|  |  |  |  |  |  |
|  |
| **SECTION 5 – CAAM OFFICIAL USE ONLY** |  |
|  |  |  |  |  |  |
|  |  | Received by  | **:** |  | Date | **:** |  |  |
|  |  |  |  |  |  |  |  |  |

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| **SECTION 6 – CAAM REVIEW** |
|  |  |  | Satisfactory |  | Unsatisfactory | **Remark** |  |
| 6.1  | **Section 1 review** | **:** | **[ ]**  | **[ ]**  |  |  |
|  |  |  |  |  |  |
| 6.2  | **Section 2 review** | **:** | **[ ]**  | **[ ]**  |  |
|  |  |  |  |  |  |
| 6.3 | **Section 3 review** | **:** | **[ ]**  | **[ ]**  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |
| 6.4 | **Approval** | **:** | Approved |  | Not Approved |  |  |  |
|  |  |  | [ ]  |  | [ ]  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 6.5 | Name | **:** |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 6.6 | Designation | **:** |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 6.7 | Signature & Stamp | **:** |  | Date : |  |  |  |
|  |  |  |  |  |  |
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| **INSTRUCTION FOR APPLICANT** |
| SECTION 1 |
| 1.1 | Fill up the aircraft owner/operator name and address. |  |
| 1.2a | Fill up the CAMO organization approval issued by CAAM. |  |
| 1.2b | Fill up the AOC approval issued by CAAM if the organization holds AOC approval. |  |
| 1.3 | Fill up the CAMO name and address. |  |
| SECTION 2 |
| 2.1 | Fill up the pilot’s name as per identification document or passport and age. |  |
| 2.2 | Fill up the employer’s name |  |
| 2.3 | Fill up the pilot’s correspondence address. |  |
| 2.42.5 | Fill up the email address and Fill up contact number/mobile number. |  |
| 2.6 | Choose pilot’s licence type |  |
| 2.7 | Fill up the pilot’s licence number |  |
| 2.8 | State the NAA who issued the licence. |  |
| 2.9 | Enter the validity of the licence. |  |
| 2.10 | Fill up the aircraft type rating endorsed in the licence. |  |
| SECTION 3 |
| 3.1 | Tick the appropriate paragraph related to the minimum experience met by the pilot. |  |
| 3.2 | State if others than 3.1 – refer to the CAD 8302 paragraph 2.4.2 ‘Note’. |  |
| 3.3 | State the experience on aircraft type to be tested. |  |
| SECTION 4 |
|  | Fill up name of authorized person under the exposition for the submission of the programme. Put signature and date.Note: By signing this application, the applicant is abiding to the terms in Section 4 and responsible to the approval process. |  |
| SECTION 5 and SECTION 6 |  |
|  | To be filled up by CAAM |  |