

	<b>CIVIL AVIATION AUTHORITY OF MALAYSIA AIR NAVIGATION SERVICES AND AERODROME DIVISION</b>  <b>FLIGHT INSPECTION SERVICE PROVIDER APPLICATION FORM</b>	CAAM/BPUA/CNS/04
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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 four (4) sections as follows:

- 1) Section A – Details of the Applicant
- 2) Section B – Service(s) Provided
- 3) Section C – Application for Aeronautical Telecommunication Service Provider Documentation Checklist
- 4) Section D – 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 Flight Inspection Service Provider. 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

**Giving false or misleading information is an offence under Regulation 158(1)(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 Services and Aerodrome Division when going through the application package.

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

- 1) CAAM/BPUA/CNS/04
- 2) Letter of Request to CAAM
- 3) Organisation Exposition
- 4) Compliance statement
- 5) 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.*



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**Section A – Details of the Applicant**

<b>Applicant type:</b>		Certificate No: <i>(if applicable)</i>		
	New Certification			
	Renewal			
	Amendment			
Name of Service Provider				
Phone			Fax	
Registered Address				
		City		
		Postcode		State
Website				
<b>Details of accountable manager in relation to this application</b>				
Full Name				
Phone			Mobile	
Email				
<b>Details of the person that you wish CAAM to contact in relation to this application</b>				
Full Name				
Phone			Mobile	
Email				



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<b>Section B – Service Provided</b>			
I. SERVICE (S)	II. AIR NAVIGATION FACILITIES		
<b>1. COMMUNICATION SYSTEM</b>			
<input type="checkbox"/> AERONAUTICAL NAVIGATION SERVICE	<input type="checkbox"/> HF A/G	<input type="checkbox"/> VHF A/G	<input type="checkbox"/> UHF A/G
<b>2. NAVIGATION SYSTEM</b>			
<input type="checkbox"/> GROUND BASED NAVIGATION	<input type="checkbox"/> ILS CAT I	<input type="checkbox"/> ILS CAT.II	<input type="checkbox"/> ILS CAT III
	<input type="checkbox"/> MLS	<input type="checkbox"/> PAR	<input type="checkbox"/> NDB
	<input type="checkbox"/> DVOR	<input type="checkbox"/> DME	<input type="checkbox"/> OTHERS: .....
<input type="checkbox"/> SATELLITE BASED NAVIGATION	<input type="checkbox"/> GBAS	<input type="checkbox"/> OTHER: .....	
<b>3. SURVEILLANCE RADAR AND COLLISION AVOIDANCE SYSTEM</b>			
<input type="checkbox"/> PSR	<input type="checkbox"/> SSR	<input type="checkbox"/> MSSR	<input type="checkbox"/> MSSR-MODE S



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**Section C – Application for Aeronautical Telecommunication Service Provider Documentation Checklist**

**Date (dd/mm/yyyy)**

**Indicate if you are applying for Initial or Renewal Certificate**

<b>Initial:</b>	<b>Renewal:</b>	<b>If renewal, previous expire date (dd/mm/yyyy):</b>
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**List units and/or facilities to be included on certificate  
(if needed for additional units/facilities, attach a continuation sheet)**

<b>Unit/Facility Name and Type</b>	<b>Unit/Facility Location</b>

**Checklist of Required Documentation for Initial Certificate**

Form CAAM/BPUA/CNS/04	
Proof of application fee payment*	
Compliance statement	
Applicant's Organisation exposition	
Other documents as may be requested by CAAM	

**Checklist of Required Documentation for Renewal Certificate**

Form CAAM/BPUA/CNS/04	
Proof of renewal fee payment*	
Compliance statement	
Other documents as may be requested by CAAM	

**Applicant Remarks and/or Questions**



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**Section D – 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 is granted, the Authority will require to be satisfied that the operation of the facilities and its environs are acceptable, that the scale of equipment and services are adequate, and that the organisation is organised, staffed and other arrangements sufficient to ensure safe operations. 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.*

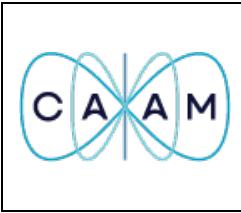
Name of Applicant	
Signature	
Date	



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<b>FOR CAAM USE ONLY</b>			
Date of Initial Application Received by Administrator			
Fee payable			
Cash / Credit Card	.....		
Receipt No.:	Name & Signature of CAAM Personnel		
<b>Subject</b>	<b>Responsible Person</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			



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<b>CAAM Record and Filing</b>		
1	File Reference No.:	
2	Filing Date:	
3	Database Update Date (if applicable):	
4	Compilation of ANSA Documents	<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Comment(s) (if any):	
Administrative Officer Name/Stamp		Administrative Officer Signature
		Date