

## **CIVIL AVIATION AUTHORITY OF MALAYSIA**

PIHAK BERKUASA PENERBANGAN AWAM MALAYSIA

## APPLICATION FOR RENEWAL/VARIATION OF APPROVED SIGNATORY APPROVAL

(Civil Aviation Regulation 2016)

SEC	TION 1 – ORGANIZA	TON DETAILS		
1.1	Organization name	Galaxy Aerospace (M) Sdn. Bhd.		
1.2	Organization Approval No.	: a. CAMO / 2016/03 b. No. : NIL (if any)		
1.3	Organization Address	Lot 11-14, Helicopter Centre, Malaysia International Aerospace Cente (MIAC), Sultan Abdul Aziz Shah Airport, 47200 Subang, Selangor Darul Ehsan.		
SECTION 2 – INFORMATION OF APPROVED SIGNATORY AND OTHER DETAILS				
2.1	Name	: Mohd Arifin bin Md Matar Renewal: Variation:		
2.2	AS approval type	: Weighing Engineer		
2.3	Current Privilege	: Textron Aviation Inc B300		
		Leonardo S.p.A Helicopter AW139		
		Leonardo S.p.A Helicopter AW189		
2.4	Privilege applied	: Airbus Helicopter EC120 B, EC 155 B & EC 155 B1		
2.5	Supporting documents	:   Qualifications   Training   Quality Assessment		
2.6	Payment	: a. Date b. Receipt Number :		
SECTION 3 – APPLICANT DECLARATION				
		mar Bin Samsudin hereby declare that all the information provided in this attached documents made for this application, to the best of my knowledge		
	Signature	Date : 23/02/2023		
	Name	Dato' Shamsul Kamar Bin Samsudin		
	Position	Accountable Manager		
	(The signature for this declara	tion shall be from the accountable manager)		
SECTION 4 – CAAM OFFICIAL USE ONLY				
	Received by :	Date :		

Remark :
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## **INSTRUCTION FOR USE**

CECT	TON 1			
SECTION 1				
1.1	Fill up organization name.			
1.2a	Fill up the organization type approval issued by CAAM (e.g:ATO, CAMO, DOA, POA, AMO etc) and approval number.			
1.2b	Fill up the organization address.			
SECTION 2				
2.1	Fill up the approved signatory name and tick either for renewal only or variation.			
2.2	Fill up the approved signatory type currently hold by the person. Only one type of approval per application.			
2.3	Fill up the current privilege (e.g; Airworthiness Review Report, Compliance Verification Engineer, Practical Assessor, Knowledge Examiner, Other DOA Approved Signatory etc)			
2.4				
2.5	Tick and attach supporting documents			
2.6	Fill up payment date and receipt number and attach evidence of payment or receipt.			
SETION 3				
3.1	Declaration by the accountable manager, fill up the name, position, date. *If accountable manager not available, his quality monitoring post holder.			
SECTION 4				
	To be filled up by CAAM			