

General Personnel info

Full Name : _____
 Staff No. : _____ Date Joined : _____
 Department : _____ Telephone No. : _____
 Email : _____

Approval info

Approval No. : _____ Expiry Date : _____
 (for renewal/extension)
 AMEL No. : _____ Expiry Date : _____
 (for Category A, B, & C only)

Application info : Refer MOE 3.4, 3.7, 5.5, Mass and Balance Programme Part 2, CAME 4.1, QPM 2.3.

Application for : * **GRANT / VARIATION / RENEWAL** (* delete as applicable)

Category : A B C E1 W ARS W&B
 CL

Aircraft : _____ *(for Category A, B, C, ARS & W&B only)*

Components : _____ *(for Category W only)*

Functions : _____

Work Experience

Applicant to state their experience in aviation for the last 2 years.

Period		Organisation	Section	Details of Experience
From (Date)	To (Date)			

Attachments Required

- Initial: Copies of endorsed CAAM License, relevant course certificates or training records certified by previous approved organization or letter of confirmation from previous Quality Manager. Proof of 6/24 maintenance experience (for category A, B, C & W).
- Extension: Copy of Endorsed CAAM License (for License Holders) / copy of component specialized training / copy of general familiarization course/training certificate; and SOJT/Work Schedule, as applicable.
- Renewal: Copy of License (for License holders); Evidence of Continuation Training; Proof of 6/24 maintenance experience (for category A, B, C & W); Proof of 6 months experience (for category E1)

	Cat A, B, C	Store Inspector (E1)	Workshop (Component)	ARS	Weighing Engineer	Calibration
	TRAINING DATE					
MOE						
HF						
SMS						
CAME						
CAMP						
Air Leg.						
CDCCL						
FTS						
EWIS						
ESD Training						
Component Specialized						
Task Training <small>(Cat. A only)</small>						
Methodology applied						
DG Training						
ISO/IEC 17025						
Gen. Fam						
Part M						
CAAM Part 145						
EPM						
WMP						
Aeronet						
MB Program						
MB Procedure						
MBT						
<i>For FAA only</i>						
RSQCM						
TPM						
FAA Part 145						

Legend:

	Not Applicable
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Declaration

1. I am conversant with current issue of MCAR, Civil Aviation Directive, Galaxy Aerospace MOE / CAME / Mass and Balance Programme and all 2nd & 3rd level documents.
2. I hereby declare that the above information is accurate to the best of my knowledge and that I meet the requirement of MOE Part 3.4, 3.7, 5.5 / Mass and Balance Programme Part 2 / CAME 4.1 for this application. I understand that any false information in this declaration will result in withdrawal of all company approval authorization.

Name & Signature of applicant	Date

Recommendation by Section Head

1. I hereby certify that the applicant meets the requirement of MOE Part 3.4, 3.7, 5.5 / Mass and Balance Programme Part 2 / CAME 4.1 for qualification and experience.
2. I deem him/her fit and sound to be considered for this application.

Name, Signature & Stamp of HOD	Date

For Quality Assurance Department use only.

Interview, checked and assessed by Quality Assurance Manager/appointed assessor		
Name & Signature of Assessor		Date:
Name & Signature of Assessor		Date:

Result	PASS / FAIL / REJECT / RENEWAL (delete as applicable)
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Comments:

License / Approval satisfactory for issue			
Category			
Functions			
Effective date		Expiry Date	

Name & Signature of QAM		Date:
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Application for Company Approval (GAM/Q-012) instruction

General Personnel Info	Insert personnel details
Approval Info	Insert required details accordingly
Application Info	Insert the required details for Category/Aircraft/Components/Functions. Refer MOE part 3.4, 3.7, 5.5 / Mass and Balance Programme part 2/CAME part 4.1.
Work Experience	Insert the last 2 years experiences including Period/Organisation/Section/Details of Experience related to scope of approval applied
Attachment Required	Provide required documents for initial, extension or renewal application accordingly.
Training	In the provided white box, enter the necessary training date and include evidence of your training in the attachment.
Declaration	Insert Name & Signature of Applicant and Date
Recommendation by Section Head	Insert Name, Signature, Stamp and Date of section head
Interview, checked and assessed by Quality Assurance Manager/appointed assessor	Insert Name, Signature of Assessor and Date of assessment. For renewal application, this section shall be remarked as N/A (not applicable).
Result	Pass/Fail/Reject/Renewal – Delete as applicable
Comments	Insert comment on the application
License/Approval Satisfactory for Issue	Insert the Category, Functions, Effective Date & Expiry Date.
Name & Signature	Insert Name, Signature of QAM and Date.