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| **General Personnel info** |
| Full Name | : |  |
| Staff No. | : |  | Date Joined | : |  |
| Department | : |  | Telephone No. | : |  |
| Email | : |  |  |  |  |
| **Approval info** |  |  |
| Approval No.(for renewal/extension) | : |  | Expiry Date | : |  |
| AMEL No.(for Category A, B, & C only) | : |  | Expiry Date | : |  |
|  |  |  |  |  |  |
| **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 | : |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | : |  |
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| **Work Experience**Applicant to state their experience in aviation for the last 2 years.

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| Period | Organisation | Section | Details of Experience |
| From (Date) | To (Date) |
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| **Attachments Required**

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| 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) |

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

**Notes:**

*For training requirement refer MOE Part 3.4, 3.7, 5.5, CAME Part 0.3.9, MBP Part 3.2 or CLP Part 2.1 as 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.
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| 1. 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.
 |
| 1. I deem him/her fit and sound to be considered for this application.
 |
| Name, Signature & Stamp of HOD  | Date |
|  |  |

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| --- |
| **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: |
|

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| **Result** | **PASS / FAIL / REJECT / RENEWAL** (delete as applicable) |
| Comments: |  |
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| **License / Approval satisfactory for issue** |
| Category |  |
| Functions |  |
| Effective date |  | Expiry Date |  |

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| --- | --- | --- |
| Name &Signature of QAM |  | Date: |

**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. |