	AMP Interval Escalation	[1]Reference No.	**CAMO/AMPIE/AC TYPE/YY-XX**
Galaxy Aerospace maintenance . repair . overhaul		[2]Date	

[3]AIRCRAFT TYPE : _____

[4]AIRCRAFT REGISTRATION AND SERIAL NUMBER : _____

[5]DESCRIPTION : _____

[6]COMPONENT SERIAL NO. : _____

[7]COMPONENT PART NO. : _____

[8]MAINTENANCE PROGRAMME REFERENCE : _____

[9]APPROVED SCHEDULED INTERVAL : _____

[10]NEW INTERVAL ESCALATION : _____

[11]INTERVAL ESCALATION REQUEST : _____

[12]REASON FOR REQUEST : _____

[13]Request by Continuing Airworthiness Manager (CAM) / Deputy CAM	Signature / Stamp Date	[15]Approved by: Commanding Officer (CO) (if applicable)	Signature / Stamp Date
[14]Reviewed by Quality Manager (QM)	Signature / Stamp Date	Design Acceptance Representative (DAR)	Signature / Stamp Date

GAM/C-060i Rev 1 (11/23)

INSTRUCTION FOR COMPLETING FORM

GAM/C-060i AMP Interval Escalation

NO	ITEM	INSTRUCTIONS
1.	REFERENCE NO.	Enter the reference number.
2.	DATE	Enter the date of the request.
3.	AIRCRAFT TYPE	State the aircraft type.
4.	AIRCRAFT REGISTRATION AND SERIAL NUMBER	Enter the aircraft registration number and aircraft serial number
5.	DESCRIPTION	Enter the description of the intended AMP escalation.
6.	COMPONENT SERIAL NO.	Enter the component serial number (if applicable).
7.	COMPONENT PART NO.	Enter the component part number (if applicable).
8.	MAINTENANCE PROGRAMME REFERENCE	State the aircraft maintenance programme reference.
9.	APPROVED SCHEDULED INTERVAL	State the approved scheduled interval.
10.	NEW INTERVAL ESCALATION	State the new interval escalation.
11.	INTERVAL ESCALATION REQUEST	State the interval escalation request.
12.	REASON FOR REQUEST	State the reason for request.
13.	REQUEST BY CAM / DCAM	Enter the signature/stamp, and date signed by the CAM / DCAM.
14.	REVIEWED BY QM	Enter the signature/stamp, and date signed by the QM.
15.	APPROVED BY: COMMANDING OFFICER (CO) (if applicable) DESIGN ACCEPTANCE REPRESENTATIVE (DAR)	Enter the signature/stamp, and date signed by CO and DAR.