

APPLICATION FOR COMPANY APPROVAL

GENERAL PERSONNEL INFO	
FULL NAME	
STAFF NUMBER	
EMAIL	

APPROVAL INFO			
APPROVAL NO <i>(Please note N/A in this section if this is your first application)</i>		ISSUE DATE	
		EXPIRY DATE	
AMEL NO. <i>(if applicable)</i>		ISSUE DATE	
		EXPIRY DATE	

APPLICATION FOR:			
	<input type="checkbox"/> INITIAL	<input type="checkbox"/> EXTENSION	<input type="checkbox"/> RENEWAL
<i>Please 'X' where applicable</i>			
CATEGORY	<input type="checkbox"/> MI/S	<input type="checkbox"/> ATP	<input type="checkbox"/> NTP
<i>Please 'X' where applicable</i>			
AIRCRAFT			
ENGINE/COMPONENT			
FUNCTIONS <i>(Please state each function number to be applied)</i>			

WORK EXPERIENCE			
NUMBER OF MONTHS/YEARS WORKING IN WORKSHOP/AIRCRAFT MAINTENANCE: _____			
<i>**Staff to annotate their involvement in at least 6 months of actual relevant aircraft or component maintenance experience (if any)</i>			
PERIOD		PLACE OF EMPLOYMENT	DETAILS OF EXPERIENCE
FROM (DATE)	TO (DATE)		

TRAINING		
TRAINING DATE	TITLE OF TRAINING	TRAINING PROVIDER
	HUMAN FACTOR	
	SAFETY MANAGEMENT SYSTEM (SMS)	

DECLARATION		TICK
A	I am conversant with the latest Technical Airworthiness Management Manual (TAMM), GAM Maintenance Management Plan (MMP) and GAM Procedure Manual (EPM).	
B	I hereby declare that the above mentioned information is accurate to the best of my knowledge and that I meet the requirement of GAM MMP & EPM for this application.	
C	I understand that any false information in this declaration will result in withdrawal of all company approval authorization.	

SIGNATURE OF APPLICANT	DATE

RECOMMENDATION BY SENIOR MAINTENANCE MANAGER/MAINTENANCE MANAGER	
1. I hereby certify that the applicant meets the requirement of MMP and EPM for qualification and experience. 2. I deem him/her is fit and sound to be considered for this application	
SIGNATURE & STAMP	DATE

INTERVIEWED, CHECKED AND ASSESSED BY SENIOR MAINTENANCE MANAGER (SMM)				
COMPLETE FORM	YES / NO			
COMPLETE RELEVANT CERTIFICATE	YES / NO			
SCOPE OF ASSESSMENT	GAM MMP		GAM EPM	
DATE OF ASSESSMENT				
NAME				
SIGNATURE & STAMP				

RESULT <i>(cross as applicable)</i>	PASS / FAIL
REMARKS	

ISSUANCE OF COMPANY APPROVAL	
CATEGORY	
FUNCTIONS	
EFFECTIVE DATE	
EXPIRY DATE	

APPROVED BY QM:

NAME	
DATE	
SIGNATURE & STAMP	