

Instructions: Part A and B to be completed by requestor

(A) GENERAL INFORMATION			
1.	a) NEW <input type="checkbox"/> b) ADDITIONAL <input type="checkbox"/> c) REMOVAL <input type="checkbox"/>		
2.	Description		
3.	Part No.	4. Manufacturer	
5.	REQUIRED AUTHORITY APPROVAL / ACCEPTANCE CAAM <input type="checkbox"/> FAA <input type="checkbox"/> OTHERS <input type="checkbox"/> (Please Specify) _____		
6.	Rating	7. Class	

Instructions: Please tick (/) whether **Y** (yes), **N** (no) or **N/A** (not applicable) in the given space. Enter **Remarks** to justify your decision.

(B)	REQUIREMENTS	COMPLIANCE			REMARKS
		Y	N	N/A	
1.	Justification for the Proposed New or Addition of Capabilities				
a)	Has MOC been raised and approved? Note: Attached copy of MOC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Housing / Facilities				
a)	Is there a designated location or facilities to perform the task? Note: State location / facilities to be performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b)	Do the facilities have sufficient workspace and proper segregation and protection of articles during maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c)	Does the proposed task require specific area to be segregated from other maintenance activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d)	Does the facility have suitable racks, trays, stands, and other segregation means for storage and protection of all articles during maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e)	Does the designated location have sufficient ventilation and lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f)	Does it require temperature and humidity control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Tools / Equipment				
a)	Are the complete set of tools available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b)	Are the inspection tools and equipment adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c)	Are the alternate tools available? Note: List of tools / equipment to be attached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Technical Data / Manual				
a) Are approved technical data / manuals available to perform the task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Has the reference data / manual been issued to work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Has the instructional form / worksheet been prepared and released?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Personnel				
a) Do we have sufficient and qualified personnel to perform the task? Note: List of personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Have the personnel attended formalized product training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Safety				
a) Has HIRARC been performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Does the task require specific PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Remarks:

PREPARED BY	REVIEWED BY
Signature : Name : Designation : Date :	Signature : Name : Designation : Date :

(C) FOR QUALITY ASSURANCE DEPARTMENT USE ONLY

- 1 Verify on submitted documentations and perform physical inspection to ensure housing /facilities, tools and equipment, maintenance data and qualified personnel are available and adequate.
- Satisfactory Unsatisfactory
- Remarks:
- 2 Result:
- Recommended for an inclusion of additional capability/variation
- Not Recommended

VERIFIED BY		APPROVED BY	
Signature	:	Signature	:
Name	:	Name	:
Designation	:	Designation	:
Date	:	Date	:

INSTRUCTIONS FOR COMPLETING FORM

Part (A)

- 1. New / Addition** Please tick if the part/article is new or addition to GAM capability.
- 2. Description** Describe the name of part/article.
- 3. Part No.** Enter part no. of part/article.
- 4. Manufacturer** Please enter the aircraft manufacturer company name i.e. Airbus, Leonardo.
- 5. Required Authority** Please tick the part/article that requires for authority approval/acceptance.
- 6. Rating** Please identify by referring to the table below to fill the respective field
- 7. Class** accordingly (only from CAAM and FAA approval).

CAAM

CLASS		RATING	CLASS		RATING
Aircraft	A1	Aeroplanes above 5700 kg	Components other than complete engines or APUs	C9	Fuel, ATA 28; 47
	A2	Aeroplanes 5700 kg and below		C10	Helicopters – Rotors, ATA 62; 64; 66; 67
	A3	Helicopters		C11	Helicopter – Trans, ATA 63; 65
	A4	Aircraft other than A1, A2 or A3		C12	Hydraulic Power, ATA 29
Engines	B1	Turbine Engine		C13	Indicating/Recording Systems, ATA 31; 4; 46
	B2	Piston Engine		C14	Landing Gear, ATA 32
	B3	Auxiliary Power unit (APU)		C15	Oxygen, ATA 35
Components other than complete engines or APUs	C1	Air Conditioning & Pressurisation, ATA 21		C16	Propellers, ATA 61
	C2	Auto Flight, ATA 22		C17	Pneumatic & Vacuum, ATA 36; 37
	C3	Comms and Nav, ATA 23; 34		C18	Protection ice/rain/fire, ATA 26; 30
	C4	Doors – Hatches, ATA 52		C19	Windows, ATA 56
	C5	Electrical Power & Lights, ATA 24; 33; 85		C20	Structural, ATA 53; 54; 57.10; 57.20; 57.30
	C6	Equipment, ATA 25; 38; 44; 45; 50		C21	Water Ballast, ATA 41
	C7	Engine – APU, ATA 49; 71; 72; 73; 74; 75; 76; 77; 78; 79; 80; 81; 82; 83		C22	Propulsion Augmentation, ATA 84
	C8	Flight Controls, ATA 27; 55; 57.40; 57.50; 57.60; 57.70		Specialised Services	D1

FAA

RATING	CLASS		RATING	CLASS	
Airframe	1	Composite construction of small aircraft	Instrument	1	Mechanical
	2	Composite construction of large aircraft		2	Electrical
	3	All-metal construction of small aircraft		3	Gyroscopic
	4	All-metal construction of large aircraft		4	Electronic
Powerplant	1	Reciprocating engines of 400 horsepower or less	Accessories	1	Mechanical
	2	Reciprocating engines of more than 400 horsepower		2	Electrical
	3	Turbine engines		3	Electronic
Propeller	1	All fixed pitch and ground adjustable propellers of wood, metal, or composite construction	Specialised Services		Non Destructive Testing (NDT)
	2	All other propellers, by make			
Radio	1	Communication equipment			
	2	Navigational equipment			
	3	Radar equipment			

Part (B)

Requestor to perform and complete all the required checklists and indicate its compliance. Enter Y, N or N/A.

Prepared by Enter signature, name, designation and date of requestor who prepares this document.
Reviewed by Enter signature, name, designation and date of HOD who reviews this document.

Part (C) is for QA Department use only.

QA Personnel will review and verify the completeness and accuracies of the filled checklist.
Choose "satisfactory" or "unsatisfactory".
Indicate result of verification: Recommended or not recommended.

Verified by Enter signature, name, designation and date of QA Personnel who verifies this document.
Approved by Enter signature, name, designation and date of QAM who approves this document.