Galaxy Aerospace
Airworthiness Expert

REQUEST FOR ONCE OFF AUTHORISATION

TO   :

REF NO   :

AIRCRAFT TYPE   :   REGISTRATION :

COMPONENT DESCRIPTION   :

COMPONENT PART NO.   :

COMPONENT SERIAL NO.   :

MAINTENANCE SCHEDULE REF :

APPROVED T.B.O.   :

STATUS TO DATE   :   REMAINING :   DAYS
(HRS/TIME USED)

DEFECT   :

AUTHORISATION REQUESTED   :
(Ref. to respective Schedule Appendix.)

REASON FOR REQUEST   :

(Enclose supporting documents use extra sheet if)

PERSONNEL NOMINATED   :

JUSTIFICATION   :
(if required)

ORIGINATOR		SIGNATURE	DATE
CHIEF ENGINEER / ENGINEERING MANAGER	Name :		

VERIFICATION / RECOMMENDATION		SIGNATURE	DATE
QUALITY ASSURANCE MANAGER	RECOMMENDED & APPROVED		
	NOT RECOMMENDED & NOT APPROVED		
	Name :		

APPROVAL BY AUTHORITY		SIGNATURE	DATE
CAAM SURVEYOR IN-CHARGE	APPROVED / NOT APPROVED		
	Name :		

Subject to :

Copies   :   CAAM
                    EM
                    ORIGINATOR

INSTRUCTIONS FOR FILLING OUT THE GAM/E-019 REQUEST FOR ONCE OFF AUTHORISATION.

TO	Insert the name of the recipient to whom the request is being sent.
REF NO	Insert the reference number for the request.
AIRCRAFT TYPE	Insert the Aircraft Type.
AIRCRAFT REGISTRATION	Insert the Aircraft Registration number.
COMPONENT DESCRIPTION	Provide a description of the component for which the request is being made.
COMPONENT PART NO.	Insert the part number of the component.
COMPONENT SERIAL NO.	Insert the serial number of the component.
APPROVED T.B.O	Insert the approved Time Between Overhaul (TBO) hours for the component.
MAINTENANCE SCHEDULE REF	Insert the maintenance schedule reference associated with the component.
STATUS TO DATE (HRS/TIME USED)	Insert the status of the component, including the hours and time used.
REMAINING	Insert the remaining days or time until the component is due for maintenance or overhaul.
DEFECT	Describe the defect or symptom that has prompted the request.
AUTHORISATION REQUESTED (Ref. to respective Schedule Appendix)	Insert the details of the authorisation being requested, referencing the respective schedule appendix.
REASON FOR REQUEST	Insert the reason for request for once off authorisation.
PERSONNEL NOMINATED	Insert the names of the personnel nominated to carry out the work or manage the request.
JUSTIFICATION (if required)	Provide any necessary justification for the request, if required.
ORIGINATOR	
CHIEF ENGINEER (CE) / ENGINEERING MANAGER (EM)	Insert the details of responsible CE/ EM self-explanatory (Name, Signature and Date).
VERIFICATION/RECOMMENDATION	
QUALITY ASSURANCE MANAGER (QAM)	Insert the details of responsible QAM self-explanatory (Name, Signature and Date).
RECOMMENDED / NOT RECOMMENDED	Strike through the unused statement. Eg : ~~NOT RECOMMENDED~~
NAME	Insert the name of the Quality Assurance Manager.
APPROVAL BY AUTHORITY	
CAAM SURVEYOR IN-CHARGE	Insert the details of the CAAM surveyor in charge, including their name, signature, and date of verification.
APPROVED / NOT APPROVED	Action: Strike through the unused statement (either "APPROVED" or "NOT APPROVED").
SUBJECT TO :	Insert any conditions or statements that the approval is subject to.