Ga	laxyAerospace*	-	TECHNICAL INSTRUCTION COMPLIANCE								0	TIC-A109E-23-0029		
DATE ISS									ATE ISSU	JE	24 AUG 2023			
Α.	TECHNICAL PU	BLICA	ATIC	N (To F	Fill Up as Nec	essa	ary)							
PUE	BLICATION TITLE	LEONARDO – A109E ALERT SERVICE BULLETIN												
		ATA :	53 -	CENTRA	RCEM	ENT OF								
	REV NO	ASB N	NO. 1	109EP-1	79, REV. A				REV. DATE			24 AUGUST 2023		
			V	AC TY	PE:	✓ AC S/N:			☐ ENG. TYPE:			☐ ENG. S/N:		
APPLICABLE TO		A109E					11212							
		☐ PROPELLER TYPE:					☐ PROPELLER S/N:		☐ APU TYPE:			☐ APU S/N:		
			] C(	OMPONE	ENT:			□ EQUIF						
D	ISTRIBUTIONS	<b>☑</b> OPERATOR <b>☑</b> AMO				<b>☑</b> CAMO			□ QUALITY			□ OTHER:		
В. Т	ECHNICAL SEF	RVICE	(Ap	plicabi	lity review pr	ior to	sentencing as nece	essar	ry)					
	TIME LIMIT IMPOSED			ONE TIME	INSPECTION		REPETITIVE INSPECTION		OPTIONAL REQU	REMENT		MODIFICATION REQUIRED		
	SPECIAL TOOLS REQUI	RED		INFORMAT	FION ONLY		NOT APPLICABLE		OTHER:					
REMARKS:  11212 - APPLICABILITY: NOT APPLICABLE TO AIRCRAFT S/N											NAME SIGNATURE & DATE			
REASON: THIS ASB IS ISSUED TO PROVIDE INSTRUCTION TO PERFORM AN INSPECTION TO DETECT CRACKS IN THE CENTER FUSELAGE AT THE INTERSECTION OF THE LATERAL PYLON (LH AND RH SIDE) WITH FLOOR SPAR, AND, THE NECESSARY INSTRUCTIONS FOR REINFORCING THE AREA (LH AND RH SIDES).														
COMPLIANCE: NOT TO BE COMPLIED WITH  SPARES/TOOLS: NIL											HAMMAD IHSAN MASRI 24 AUG 2023			
C. C	CONTINUING AII	RWOR	RTHI	INESS I	MANAGEMEN	NT (C	CAM) MANAGER / DE	PUT	Y					
	MAINTENANCE SCHEDI				PUBLICATION AMEN				ORKSHEET		СОМІ	PONENT SEND OFF FOR		
DE	MARKS.										СОМІ	PLIANCE		
REMARKS:  1) TO UPDATE SB SENTENCING IN AERONET AND MOD REC BOOK FOR REFERENCE AND RECORD											NAME SIGNATURE & DATE			
												./.		
												fu		
												AMIR ABDULLAH		
												28 AUG 2023		

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D. CAMO PLANNER										
	ENTRY TO MAINT. FORECAST				□   PREPARE WORK PACKAGE       □   PLAN EMBODI			MENT		
	SPARE ORDER				MANPOWER QUALIFICATION		TOOLING			
REM	MARKS:							NAME SIGNATURE & DATE		
TIC COMPLIANCE CHECKLIST BY CAM MANAGER (Tick and Fill up as necessary)										
	COMPL	REMARKS:					NAME SIGNATURE & DATE			
	YES	NO								

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