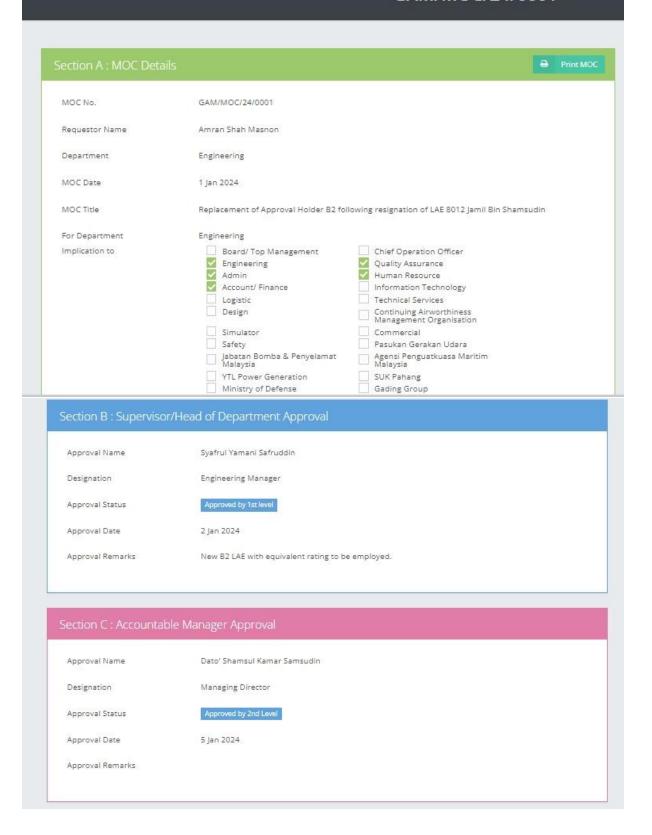
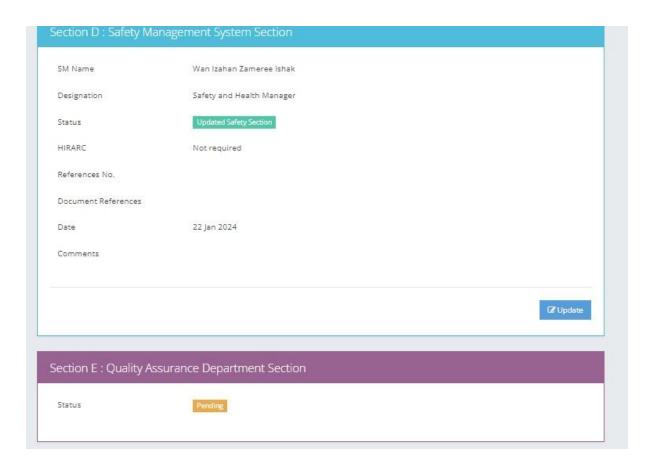
GAM/MOC/24/0001







| Management of Change | | | |
|----------------------|-----------------|--|--|
| MOC ref. no.: | GAM/MOC/24/0001 | | |
| Date Raised: | 1 Jan 2024 | | |

| A | MOC DETAILS (to be completed by requestor) | | | | | |
|----|--|---|-----|-------------|------------------|--------|
| 1. | MOC title | Replacement of Approval Holder B2 following resignation of LAE 8012 Jamil Bin Shamsudin | | | | |
| 2. | Type of MOC | New MOC | | | | |
| 3. | Category | Temporary | | | | |
| 4. | Priority | L2-Normal | | | | |
| 5. | Doc. affected | | MOE | | SMSM | CAME |
| | | | DOM | | 2nd level manual | Others |
| 6. | Doc. reference | NIL | | | | |
| | | i. Name Amran Shah Masnon | | | | |
| 7. | Requestor | ii. Department | | Engineering | | |
| | | iii. Staff no. | | 8185 | | |
| | | • | | | | |

B DESCRIPTION AND SCOPE OF CHANGES

1. Description:

Mohd Jamil Bin Shamsudin (8012) has resigned from his position as LAE and his last day of service will be on the 31 December 2023. Currently he is holding the position of LAE Avionics and Avionic EIC. His type rating is in AS350B2, Agusta AB139/ AW139, Robinson R44 and R66.

2. Justification for changes :

This MOC is raised to replace him with suitable candidate with similar Type Rating held by him. As of now GAM still have few B2 LAEs that can cover his approval,

AW 139 - GAM has adequate numbers of B2 LAE Type Rated in this type of aircraft

AS 350B2 - LAE Ahmad Zhafri, Idros, Huzairi Fazil and Kamal.

Robinson R44 -LAE Idros and Amran

Robinson R 66 –LAE Idros, Huzairi, Amran, Hairul Hanafi, Nor Danial.

For physical replacement of himself, GAM has several candidates with B2 AMEL which is awaiting endorsement of AW 139 Type Rating for initial approval, namely LAE Azriq, Auni, Faruq, Farisha, Umair and Ikram.

| 3. | Maintenance Data / Publications / Manual : | | | | |
|----|---|--|--|--|--|
| | NIL | | | | |
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| 4. | Test equipment and tooling requirement : NIL | | | | |
| | NIL . | | | | |
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| 5. | Hangar / Workshop accommodation / facilities : NIL | | | | |
| | TVIE | | | | |
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| 6. | Qualified / authorized personnel for task : | | | | |
| О. | NIL | | | | |
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| 7. | Training: | | | | |
| | All mandatory training | | | | |
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| 8. | Name | | Signature | Date | | |
|-----|--|-----------------------|-----------|--------------------|--|--|
| | Requestor: Amran Shah M | asnon | ghown the | 1 Jan 2024 | | |
| | Head of Department: Syafrul Yamani S | afruddin | M | 2 Jan 2024 | | |
| 9. | Comments by requestor Head of D | epartment : | <i>y</i> | | | |
| | New B2 LAE with equivalent rating to be employed. | | | | | |
| 10. | Note: Complete section A & B and then emaill it along with supporting document to Quality Assurance Department and Safety Department | | | | | |
| С | SAFETY MANAGEMENT SYS | TEM SECTION | | | | |
| 1. | HIRARC | Not required | | | | |
| | | Reference No.: | | | | |
| 2. | Comments | | | | | |
| | | | | | | |
| | | | | | | |
| 3. | Name | | Signature | Date | | |
| | Wan Izahan Zame | reelshak | M | . 22 Jan 2024 — | | |
| D | ACCOUNTABLE MANAGER APPROVAL (to be completed by Accountable Manager) | | | | | |
| 1. | Approval | Approved by 2nd Level | 1 | | | |
| 2. | Comments | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 3. | Name | | Signature | Date | | |
| | Dato' Shamsul Kama | r Samsudin | James s. | 5 Jan 2024 | | |
| 4. | Note: If approved, section E to be completed | | | | | |

| E | QUALITY ASSURANCE DEPARTMENT SECTION | | | | |
|----|--------------------------------------|-------------------------|----------------|------|--|
| 1. | Date Received | | | | |
| 2. | Classification | | | | |
| 3. | Audit Needed | | | | |
| 4. | Audit performed by | | | | |
| 5. | Audit reference no. | | | | |
| 6. | Justification for classification | | | | |
| | | | | | |
| | | | | | |
| 7. | Comments / Remarks | | | | |
| | | | | | |
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| 8. | DCAM / CAAM Approval Section | | | | |
| | Date Submission | Not Applicable due to N | OT significant | | |
| | Approval ref. no. | | | | |
| 9. | Approval from Quality Assurance N | Manager | | | |
| | Name | | Signature | Date | |
| | - | | | | |
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| F | IMPLEMENTATION REVIEW | | | | |
| 1. | Status | | | | |
| 2. | Comments / Remarks | | | | |
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| 3. | Date closed | | | | |
| 4. | Closed by | | | | |
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