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| **Part I – Application Type** |
| Design Signatory  Certifying Staff |
| Do you hold any approval previously? Choose an item.  If yes, please provide more details on the approval granted. : Click here to enter text. |

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| **Part II – Particulars of Organisation** |
| Name of Organisation : Click here to enter text. |
| Address : Click here to enter text. |
| Mailing Address (if differ from above) : Click here to enter text. |
| CAAS Design/ Production Organisation Approval No. (if applicable) : Click here to enter text. |

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| **Part III – Personal Particulars of Nominee** | | |
| Name of Applicant : Click here to enter text. | | NRIC/Passport No : Click here to enter text. |
| Designation : Click here to enter text. | Tel (O) : Click here to enter text. | |
| Email : Click here to enter text. | Tel (HP) : Click here to enter text. | |
| Company authorization presently held : Click here to enter text. | | |
| Authorisation requesting for (details of the limitations in scope of Authorisation) :  Click here to enter text. | | |

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| **Part IV – Qualifications / Training (Use additional sheets as required)** | | | |
| Qualification / Course | Conducted by Whom | Period (Month / Year) | Exam Results |
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| **Part V – Applicant Checklist** |
| **Supporting documents to be submitted together with this application form** |
| Attach copies of certificates listed in Part IV. |

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| **Part VI – Applicant Declaration** |
| I hereby declare that the information provided in this application and the accompanying documents are true and correct to the best of my knowledge.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Applicant’s Name Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Quality Manager’s Name Signature |

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| **For Official Use** | |
| ❑ Accepted | ❑ Not Accepted |
| Organisation Approval No : | Please check the box of the period of validity granted:  ❑ Until cease of employment  with start date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Indicates a period:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Limitations : | |
| Reviewed by :  Airworthiness Officer  (Name Stamp & Signature) | Date (Day / Month / Year) |