**APPLICATION FOR MINIMUM EQUIPMENT LIST (MEL) (INITIAL OR AMENDMENT)**

This form will take about 5 minutes if you have the required information

Name of Operator: Click here to enter text. Aircraft Type:Click here to enter text.

MEL Ref: Click here to enter text. Issue No: Click here to enter text. Date: Click here to enter text. Proposed Amendment No:Click here to enter text.

Source MMEL/Supp: Click here to enter text. Version No: Click here to enter text. Date: Click here to enter text.

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| **COMPLIANCE STATEMENTS:** (1) This MEL complies with ANR 91, ANR 119 and SAR and is no less restrictive than the applicable approved \*\*MMEL / Supplement. (2) This MEL has been reviewed by the relevant departments, especially flight operations and engineering departments, and they are ready to implement it. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name & Designation Signature & Date Note: To the Operator - Once accepted by the CAAS, this amendment should be published within 28 days, dated and numbered as above. |

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| **FOR MEL AMENDMENT ONLY** |
| **\*ITEM** | **ACTION TO BE TAKEN** | **JUSTIFICATION** | **CAAS REMARKS** |
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(if insufficient space, please attach a separate list)

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| **FOR OFFICIAL USE ONLY**  |
| **PRINCIPAL OPERATIONS INSPECTOR / ASSIGNED FLEET OPERATIONS INSPECTOR\*\*** Initial review completed - Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PRINCIPAL MAINTENANCE INSPECTOR / ASSIGNED FLEET OPERATIONS INSPECTOR\*\***Review completed - Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PRINCIPAL AIRWORTHINESS ENGINEERING INSPECTOR** Review completed - Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PRINCIPAL OPERATIONS INSPECTOR / ASSIGNED FLEET OPERATIONS INSPECTOR\*\***Flight Operations final review completed YES / NO\*\*Operationally and technically acceptable YES / NO\*\* Approval / Rejection\* letter sent to operator YES / NO\*\*  Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*\*delete as appropriate