



PERSONNEL LICENCING OFFICE

CAAF-618-A/1

Ref. No

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(for internal use only)

ASSESSMENT FOR APPROVAL – SUB-ORGANIZATION
(AV. TRG CENTRE/OST CENTRE)

CASE MOVEMENT RECORD

| From | To | Date | From | To | Date |
|------|----|------|------|----|------|
| | | | | | |

1. Name of Operator _____
2. Company Letter Reference _____
3. Date of submission _____
4. Approval for _____
5. Brief Description _____

6. Inspection date (if applicable) _____

Remarks by F.I.
(if applicable)

Date _____

Flight Inspector

Remarks by G.M. GA /POI
(if applicable)

Date _____

G.M. GA / P.O.I

Remarks by G. M. Licencing
(if applicable)

Date _____

General Manager Licencing

APPROVED / NOT APPROVED

Date _____

LICENCING AUTHORITY

Distribution: - All Concerned