

NOMINATION FORM

SAR-21 Approval of Organisation

Part I – Application Type
<input type="checkbox"/> Design Signatory <input type="checkbox"/> Certifying Staff
Do you hold any approval previously? Yes / No If yes, please provide more details on the approval granted. :

Part II – Particulars of Organisation
Name of Organisation :
Address :
Mailing Address (if differ from above) :
CAAS Design/ Production Organisation Approval No. (if applicable) :

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

Part IV – Qualifications / Training (Use additional sheets as required)			
Qualification / Course	Conducted by Whom	Period (Month / Year)	Exam Results

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

For Official Use	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted
Organisation Approval No : _____	Please check the box of the period of validity granted: <input type="checkbox"/> Until cease of employment with start date : _____ <input type="checkbox"/> Indicates a period: _____ to _____
Limitations : _____	
Reviewed by : _____	
_____ Airworthiness Officer (Name Stamp & Signature)	_____ Date (Day / Month / Year)