

DEPARTMENT OF CIVIL AVIATION MALAYSIA

APPLICATION FOR RENEWAL OF CERTIFICATE OF APPROVAL
OF AN ORGANIZATION IN ACCORDANCE WITH THE MALAYSIAN
CIVIL AVIATION REGULATIONS 1996

Approval Number _____

Expiry Date: _____

Name of Organization _____

Address _____

Telephone/Fax Number _____

Name of Accountable Manager _____

Name of QAM _____

- For Non-Malaysian based organization, evidence of needs by a Malaysian operator is enclosed.*
- Payment enclosed Malaysia Ringgit RM 1000.00 (or equivalent USD)*

Signed _____ *Date* _____

Position _____

For Official Use Only			
Nombor Cheque		Surat Sokongan	ADA / TIADA
Amaun Diterima		Tarikh Sijil Dikeluarkan	
Nombor Resit		Tandatangan	
Tarikh		Tarikh	