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| **Notes to applicant**   1. **General**    1. This form may take you about 30 minutes to fill in.    2. Please ensure form is correctly filled and the applicable fee is fully paid. Incomplete/incorrect form or/and inadequate payment will lead to delays in processing your application. In case of insufficient space, the applicant may attach additional loose sheets to this application form.    3. Renewal applications should reach CAAS at least **one month** before expiry.    4. Completed form and supporting documents are to be submitted to one of the following addresses:  |  |  | | --- | --- | | **Mailing address** | **Office address (for hand delivery)** | | Civil Aviation Authority of Singapore,  Airworthiness / Flight Operations Division,  Singapore Changi Airport P O Box 1,  Singapore 918141. | Civil Aviation Authority of Singapore,  Airworthiness / Flight Operations Division,  4th Storey North Finger Pier, Unit No. 047-029,  Singapore Changi Airport Terminal 2. |  * 1. The applicant and other appropriate staff should subscribe to the CAAS Email Notification Service (ENS) for CAAS regulations and circulars updates.  1. **Fees**    1. The fees payable for this purpose are prescribed in Paragraph 6A of the Twelfth Schedule of the Singapore Air Navigation Order.    2. Please note that all applicable fees are in **Singapore dollar (SGD)**. 2. **Payment**    1. Cheque or money order shall be made payable to “Civil Aviation Authority of Singapore”. All bank charges are to be borne by the payer.    2. Payment by bank draft or telegraphic/wire transfer should be made to our account as follows:   Bank Name:                 DBS Bank Ltd  Bank code:                   7171  Branch code:                003  Account no:                  0039186673  Account name:             Civil Aviation Authority of Singapore  Swift code:                   DBSSSGSG  Address of Bank:         12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3,  Singapore 018982   * 1. All bank charges and correspondent bank/agent fees, i.e., the remittance amount, your bank charges, as well as all the other banks' (Intermediary and Beneficiary banks, etc.) shall be borne by the applicant and the Beneficiary receives full payment.   2. Please arrange with your bank to debit your account for payment of all charges to prevent deduction of any bank charges from the remittance amount.   3. Please provide the necessary payment details, including your organisation name, approval number, and purpose of payment (e.g., renewal of POA). |

**You do not need to submit this page with your application form.**

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| **Part I – Type of Application** | | | | | | | | |
| Design Organisation Approval  Production Organisation Approval | | | | | | | | |
| New | | Renewal | | | Changes to Organisation | | | |
| CAAS Design/ Production Organisation Approval No. (*not applicable for new organisation*) : Click here to enter text. | | | | | | | | |
| Expiry date of approval (*not applicable for new organisation*) : Click here to enter a date. | | | | | | | | |
| **Part II – Particulars of Applicant** | | | | | | | | |
| Name of Applicant : Click here to enter text. | | | Designation : Click here to enter text. | | | | | | |
| Email : Click here to enter text. | | | | Tel : Click here to enter text. | | | | |
| **For new application or changes to organization, please complete ALL Parts below***.*  *For renewal application with no changes, please*, otherwise **complete Part*****V &* V*I only*.** | | | | | | | | |
| **Part III – Particulars of Organisation** | | | | | | | | |
| Organisation’s registered name : Click here to enter text. | | | | | | | | |
| Organisation’s registered number : Click here to enter text. | | | | | | | | |
| Address(es) requiring approval : Click here to enter text. | | | | | | | | |
| Mailing Address(es) : Click here to enter text. | | | | | | | | |
| Summary of activities including scope of approval : Click here to enter text. | | | | | | | | |
| Details of any variation sought : Click here to enter text. | | | | | | | | |
| **Part IV – Particulars of Post Holders** | | | | | | | | |
| **Personnel** | **Name & Designation** | | **Contact Number**  **(office & mobile)** | | | **Email Address** | | |
| Proposed Accountable Manager | Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | | |
| Senior person responsible for design/production control | Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | | |
| Senior person responsible for quality assurance | Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | | |
| **Part V – Applicant Submission Checklist (Please check the applicable boxes)** | | | | | | | | |
| **Supporting documents to be submitted together with this application form** | | | | | | | **Yes** | **\*No** |
| Payment advice/instructions for telegraphic/wire transfer attached **OR** cheque attached | | | | | | |  |  |
| **Additional supporting documents (for new applicant, all are required)** | | | | | | | **Yes** | **\*No** |
| Letter of application | | | | | | |  |  |
| Letter of intent | | | | | | |  |  |
| Resumes of accountable manager, senior person responsible for design/production control and quality assurance, and design signatory/certifying staff CAAS(AW)22 | | | | | | |  |  |
| Applications for Design Signatory/Certifying Staff CAAS(AW)102A | | | | | | |  |  |
| Exposition Document | | | | | | |  |  |
| Printer’s copy of Authorised Release Certificate *[applicable for POA]* | | | | | | |  |  |
| Company registration or equivalent | | | | | | |  |  |
| Any proposed manual, as applicable | | | | | | |  |  |
| Personnel training programmes, as applicable | | | | | | |  |  |
| Evidence of use of facilities for the scope of work (e.g. lease agreement) | | | | | | |  |  |
| Statement of Compliance against the applicable paragraphs of SAR-21 | | | | | | |  |  |
| Schedule of events detailing the anticipated timescales for the approval process | | | | | | |  |  |
| **\*For all items indicated with a “No”, please kindly state the reason(s) :**  Click here to enter text. | | | | | | | | |

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| **Part VI – Declaration by Accountable Manager *[\*Strikethrough where inapplicable]*** |
| I hereby declare that the particulars given on this form are true in every respect and based on these particulars,  I apply for the \*grant / renewal / changes to organisation of an Organisation Approval.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Accountable Manager & Company Stamp Date (Day / Month / Year) |

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| **For Official Use** | | | |
| Fee Payable : | Cheque No. : | | Receipt No. : |
| Received by :  Authorised Collection Officer  (Name Stamp & Signature) | | Date (Day / Month / Year) | |
| Certificate No. (for initial issue) : | | Remarks : | |
| Period of validity : | |
| The approval of this application is \*recommended / not recommended. | | | |
| Airworthiness Engineering Officer  (Name Stamp & Signature) | | Date (Day / Month / Year) | |