# APPLICATION MEL APPROVAL

# Application for approval or revision of a Minimum Equipment List – MEL

# I hereby apply on behalf of the operator detailed in B: for the approval of the Minimum Equipment List – MEL specified in C, for:

**A: Application Type**

* **Initial issue □ New Issue □ Revision**

**B: Aircraft Operator Details**

|  |
| --- |
| Operator Name |
| Address |
| Phone |
| Fax |
| Contact person |

**C: MEL Details**

Aircraft Type and model to which MEL Applies:

Aircraft Registration(s) serial number and revision number and date:

**D: Appendices**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | * Minimum Equipment List | | | | | | | | |  | | | | | | | |
|  | * Master Minimum Equipment List – Last Revision | | | | | | | | | | | | | |  | | |
|  | * Administration tax | | | | |  | | | | | | | | | | | |
|  | * Statement of Compliance Form with Instruments, Data, Equipment for Aircraft/Helicopter (only for initial Issue of | | | | | | | | | | | | | | | |  |
|  | AOC and any other | | | | approved equipment modification) | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | |
|  | * Statement of Compliance with CS 26 | | | | | | | | | | |  | | | | | |
|  | * Additional airworthiness specifications for operations(only for initial issue of AOC and any other approved | | | | | | | | | | | | | | |  | |
|  | equipment modification) (if | | | | | | | |  | | | | | | | | |
|  | applicable) | | |  | | | | | | | | | | | | | |
|  | * Aircraft Flight Manual | | | | | |  | | | | | | | | | | |
|  | * Operational and maintenance procedure manual | | | | | | | | | | | | |  | | | |
|  | | | Documentation for all modifications | | | | | | | | | |  | | | | |
|  | | * Other (please specify) | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |

Date: Signature of applicant:

*For official use only*

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Responsible** | **Date** | **Name &Signature** |
| 1. Form O3-2.FMAN-01.FRM.001 and   Form – O3-2.FMAN-01.FRM.006 submitted | OPS |  |  |
| 2. Operational Approval granted (MEL and associated Operational procedures have been found in compliance with applicable regulations) | OPS |  |  |
| 3. Airworthiness Approval granted (MEL and associated Maintenance procedures have been found in compliance with applicable regulations) | *AWO* |  |  |
| ***Withdrawal of MEL Approval***  *Reasons:*  *Name: Date:* |  | *Signature:* | |