



CIVIL AVIATION AUTHORITY OF NEPAL AIRWORTHINESS INSPECTION DIVISION

Application Form for Customized Maintenance Schedule Initial Approval/Revision

Section A (To be filled by the airline)

1. Name of Applicant:
2. Organization:
3. Aircraft Type:
4. Customized Maintenance Schedule Issuance/Rev. No. :
5. Customized Maintenance Schedule applicable aircraft Reg. No. :
6. Recommendation of Engineering Department / Maintenance Department Chief.
(*This Customized Maintenance Schedule is 100% within limitation of manufacturer's guideline and as per manufacturer's Maintenance Schedule or MPD or equivalent, also as per NCAR Chapter C.4.*)

	Yes	No
a) The registered name and address of the operator,	<input type="checkbox"/>	<input type="checkbox"/>
b) A reference number, issue number and date,	<input type="checkbox"/>	<input type="checkbox"/>
c) The type designation of the aircraft and, as applicable, identification of the types of engines, propellers and avionic equipment installed,	<input type="checkbox"/>	<input type="checkbox"/>
d) The intended operational use of the aircraft,	<input type="checkbox"/>	<input type="checkbox"/>
e) Daily and/or pre-flight check list,	<input type="checkbox"/>	<input type="checkbox"/>
f) The maximum periods for which a Maintenance Release may be issued,	<input type="checkbox"/>	<input type="checkbox"/>
g) Periods at which the aircraft, including all aircraft components, aircraft systems and installed equipment, shall be cleaned, inspected, lubricated or tested,	<input type="checkbox"/>	<input type="checkbox"/>
h) Periods at which specified components and structural parts must be overhauled, be replaced by new or reconditioned parts, or be retired from service,	<input type="checkbox"/>	<input type="checkbox"/>
i) Checks to be made after abnormal occurrences, such as heavy landings, abnormal flight loads, lightning strikes, bird strikes, etc.	<input type="checkbox"/>	<input type="checkbox"/>
j) Periods at which the aircraft should be reweighed, the compass be reswung or the safety equipment be checked.	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date:

Place:

Name:

Designation: `

Stamp:

7. Recommendation of QA Chief.
(Declaration this EM/MPM issue/revision is as per NCAR E.2 limitation & it reflects as per current organization structure)

_____ Signature	Date:	Place:
Name:	Designation:	Stamp:

8. Recommendation from MD/CEO for Approval.

_____ Signature	Date:	Place:
Name:	Designation:	Stamp:

Section B (To be filled by the Airworthiness Division)

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Application as per NCAR Chapter C.4 Para 2.1 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Airlines Engineering Chief recommendation | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Airlines QA Chief recommendation | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Airlines MD/CEO recommendation | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is manufacturer's maintenance schedule or MPD or equivalent documents updated ? | <input type="checkbox"/> | <input type="checkbox"/> |

Found Customized Maintenance Schedule satisfactory/unsatisfactory for approval.

_____ Verified by	_____ Recommended by
Date:	Date:
_____ Approved by	
Date:	