

Aircraft Maintenance Engineer - Maintenance Approval For the issue of a Maintenance Approval, a completed Fit and Proper Person Questionnaire, form CAA 24FPP is required with this

application.		-							
1. Personal Deta	nils								
Licence Number					Date of Birth				
Title (circle) (Mr/Mrs/Ms/Miss)	Last Name				Siven lame(s)			
Country of Birth			Nationa	ality					
Address for Service									
Tel				Mob					
Fax				Emai	ı				
Postal Address									
2. Maintenance	Approval (The Rules governing the						66 Subpar	t D)
Please indicate application being made	Maintenand Issue	ce Approval	Maintenanc Renewal	e Approv	al	Maintenance Amendment			
Please give details of the maintenance to be performed. Specify fully aircraft or component and registration etc as well as the nature of the maintenance.									
	Experience Log completed				Approval required for period				
	Yes	No 🗆			From		То		
CAASI USE ONLY									
Passint	No		Pecaint Da				W/P No		

3. Experience Log

Detail experience	Date			
Detail experience relevant to the maintenance privileges you are applying for.	From	То	Aircraft or Component	Experience Details (Concise accurate statements – print clearly)
Applicant's Name		Print	Name & Signature	in column below Applicant's Signature

4. Fees

Fee is xxxxx (TBA)
Note: unless the full fees are paid, applications will not be processed.

5. Declaration

The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under the Civil Aviation Act of Kiribati and is subject to a fine or a term of imprisonment

I declare that to the best of my knowledge and belief the statements made and the information supplied in this application and the attachments are complete and correct.

Consent to Disclosure & Collection

I authorise the collection by the Director of Civil Aviation or his delegate (hereinafter referred to as "the Director") from, and the disclosure to the Director by, any person, organisation or government department of any details of my knowledge & compliance with transport safety regulatory requirements.

I authorise the Director to use, and disclose, the information obtained about me for any purpose under the Civil Aviation Act of Kiribati or other such purpose permitted by law.

Applicant's	Date	
Signature		

5. Applicant's Check List

Please ensure all documents are enclosed. Applications	ITEMS	Yes	N/A
	1. Fee completed		
which are incomplete or lacking any required	2. Relevant Course Certificates, examination certificates enclosed (copies)		
documents will be returned.	3. Fit & Proper Person Questionnaire Form 24FPP enclosed		
	4. Old Maintenance approval document enclosed		
	5. Name & Signature completed on pages 1, 2 & 3		

Post this form to:

Civil Aviation Authority of Solomon Islands, Honiara, Solomon islands.

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	Examinations				Yes	No	N/A		
Required		Experien	ce Log Satisfactory						
Passed		Course C	Certificate Reviewed (if applicable)						
		Technica	al Oral Completed (if applicable)						
		Fees Cor	rect						
Comments									
Assessing Person		Signature		Date					
1 613011									