



References:

- CAR 91.539

Instructions:

- Entries should be typed or printed in block letters. Full model and component designations are required (refer to the manufacture's data plates).
Note: Applicants should clearly understand that unless all the entries on this form are completed accurately and fully the approval of the Minimum Equipment List may be delayed.
- Applications must be submitted to CASA not less than 28 days prior to the date required.
- This form must be accompanied together with the Form CA 91-01 Appendix 1.
- The completed Minimum Equipment List (MEL) application form together with the fee of K1320.00 (GST Inclusive) should be submitted to:
**Director
Civil Aviation Safety Authority
P O Box 1941
BOROKO N.C.D
Papua New Guinea**

Section A: Aircraft Operator Details

a. Legal Name of Organisation:						
b. Client ID (if known)						
c. Postal Address of Organisation:						
(Address for Service – Ref Civil Aviation Act Section 48)						
Telephone:				Email:		
d. Person who can be contacted for further information concerning this application:						
Name:						
Position:						

Section B: MEL Details

Aircraft type and model to which the MEL applies:	
MEL Name or Reference Number:	

Section C: Application Type

New Issue <input type="checkbox"/>	Complete Re-Issue <input type="checkbox"/>	Revision <input type="checkbox"/>
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Section D: Application Checklist

Does the MEL contain:		
Defect recording and tracking procedures or reference to their location in another document: <input type="checkbox"/>		
Standard MEL format: <input type="checkbox"/>	Reference to the base document Master MEL: <input type="checkbox"/>	LEP to define the approved document <input type="checkbox"/>
(O) Operating and (M) Maintenance Procedures <input type="checkbox"/>		

Section E: Declaration

I hereby apply on behalf of the operator detailed in Section A for the approval of the Minimum Equipment List specified in Section B above.

Full Name: _____

Signature: _____ Date: _____

CASA Use Only

Date received: MEL Approved Yes No Job No:.....
Assessed by:(Airworthiness Inspector) Date: