



ИРГЭНИЙ НИСЭХИЙН ЕРӨНХИЙ ГАЗРЫН ДАРГЫН ТУШААЛ

2023 оны 03 сарын 22 өдөр

Дугаар 4/38

Улаанбаатар хот

Иргэний нисэхийн дүрмийн маягт батлах тухай

Засгийн газрын агентлагийн эрх зүйн байдлын тухай хуулийн 8 дугаар зүйлийн 8.4 дэх хэсэг, Иргэний нисэхийн тухай хуулийн 8 дугаар зүйлийн 8.2 дахь хэсэг, 11 дүгээр зүйлийн 11.1 дэх хэсэг, 14 дүгээр зүйлийн 14.1 дэх хэсэг, Монгол Улсын Засгийн газрын 2015 оны 258 дугаар тогтоолоор батлагдсан "Иргэний нисэхийн ерөнхий газрын дүрэм"-ийн 2.1.5, 3.6.2 дахь заалтыг тус тус үндэслэн ТУШААХ нь:

1.Иргэний нисэхийн дүрмийн хэрэгжилтийг сайжруулах зорилгоор ИНД-12 "Осол, зөрчил болон статистик мэдээлэл"-ийн СА005i маягтыг 1 дүгээр, ИНД-21 "Бүтээгдэхүүн, эд ангийн гэрчилгээжүүлэлт"-ийн САА820 маягтыг 2 дугаар, 24021/22 маягтыг 3 дугаар, ИНД-61 "Нисгэгчийн үнэмлэх, зэрэглэл"-ийн 24061/31 маягтыг 4 дүгээр, ИНД-67 "Эрүүл мэндийн стандарт болон гэрчилгээ"-ний 24067-216 маягтыг 5 дугаар, ИНД-77 "Нислэг үйлдэх агаарын зайд нөлөөлөх байгууламж"-ийн 24077/01D маягтыг 6 дугаар, ИНД-92 "Аюултай бараа тээвэрлэх"-ийн 24092/02DG маягтыг 7 дугаар, ИНД-102 "Хүнгүй агаарын хөлгөөр үйл ажиллагаа эрхлэгчийн гэрчилгээжүүлэлт"-ийн 24102/12 маягтыг 8 дугаар, ИНД-139 "Аэродромын үйл ажиллагаа, гэрчилгээжүүлэлт"-ийн 24139/07 маягтыг 9 дүгээр, ИНД-121 "Том нисэх онгоцны арилжааны нислэгийн үйл ажиллагаа"-ны 24121/15MR маягтыг 10 дугаар, ИНД-125 "Дунд нисэх онгоцны арилжааны нислэгийн үйл ажиллагаа"-ны 24125/15MR маягтыг 11 дүгээр, ИНД-135 "Нисдэг тэрэг болон жижиг нисэх онгоцны арилжааны нислэгийн үйл ажиллагаа"-ны 24135/15MR маягтыг 12 дугаар, ИНД-109 "Зохицуулалттай агаарын ачааны байгууллагын гэрчилгээжүүлэлт"-ийн СА005R маягтыг 13 дугаар, ИНД-47 "Агаарын хөлгийн бүртгэл"-ийн 24047-14 маягтыг 14 дүгээр, САА201 маягтыг 15 дугаар хавсралтаар тус тус баталсугай.

2.Тушаалыг үйл ажиллагаандаа хэрэгжүүлэхийг Нисэхийн аюулгүй ажиллагааны хяналт, зохицуулалтын алба (П.Ганболд)-нд, хэрэгжилтэд хяналт тавьж ажиллахыг Хууль, эрх зүй, дүрмийн боловсруулалтын газар (П.Ариунболд)-т тус тус үүрэг болгосугай.

ДАРГА



Ч.МӨНХТУЯА



Иргэний нисэхийн ерөнхий газрын даргын
2023 оны 1 дугаар сарын 1-ны өдрийн
10/32..... дугаар тушаалын 1 дүгээр хавсралт

Occurrence Investigation Report

The purpose of a safety investigation is to identify the causal factors that led to the incident or accident. This allows you to put in place changes to your operations to manage the risks of reoccurrence. It also allows the CAA to monitor the aviation sector as a whole to identify emerging safety issues. The CAA has produced Advisory Circular 12-2 to give you guidance on how to undertake an investigation.

PLEASE EMAIL AN ATTACHMENT OF COMPLETED FORM TO:
report@mcaa.gov.mn

Occurrence date	Click here to enter a date.	Location	Operator Client ID
Aircraft registration	-	Aircraft make and model	
Operator/reporter name		Contact phone	

Investigation guide

This investigation report form is designed to assist in determining the causes of the occurrence. The categories of causal factors are the ones that most commonly underpin accidents and incidents in Mongolian aviation. Please review each of the four categories of causation below, against what took place, and indicate which factors applied. This should give you a good understanding of what caused it: use this understanding to complete the 'lessons learned' section at the end of the report.

The four causal categories

Human factors

Factors related to human performance, decision-making, situational awareness, etc.

Environmental

Includes conditions that prevailed at the time of the occurrence: weather, light, etc.

Mechanical/equipment

Factors related to any equipment involved — including aircraft, role equipment, ground equipment, tooling, parts, aerodrome facilities, etc.

Organisational/regulatory

Factors related to policies, procedures, aviation rules and safety culture.

What happened & why it happened? Please provide a brief summary of the occurrence

Human factors - please indicate if any of the factors below may have contributed to the occurrence

- ☐ Decision-making
- ☐ Operating experience
- ☐ Distraction

- ☐ Situational awareness
- ☐ Training

- ☐ Flight/mission planning
- ☐ Fatigue

- ☐ Communication
- ☐ Flight discipline

Other...

Comment on how human factors may have contributed to the occurrence

Equipment/mechanical - please indicate if any of the factors below may have contributed to the occurrence
(Note: if you have supplied engineering/defect information in CA005D occurrence report this will usually be sufficient for this part of the investigation)

- | | | | |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Engine/powerplant | <input type="checkbox"/> Airframe | <input type="checkbox"/> Fuel/oil system | <input type="checkbox"/> Avionics |
| <input type="checkbox"/> Flight controls | <input type="checkbox"/> Propeller/rotor systems | <input type="checkbox"/> Maintenance/tooling facilities | |
| Other | | | |

Comment on how equipment/mechanical factors may have contributed to the occurrence

Environmental factors - please indicate if any of the factors below may have contributed to the occurrence

- | | | | |
|--|---|--|------------------------------------|
| <input type="checkbox"/> Wind level/direction | <input type="checkbox"/> Turbulence | <input type="checkbox"/> Light level | <input type="checkbox"/> Sunstrike |
| <input type="checkbox"/> Cloud | <input type="checkbox"/> Rain/drizzle | <input type="checkbox"/> Low-level hazards (e.g. wires, trees, poles etc.) | |
| <input type="checkbox"/> Airstrip surface conditions | <input type="checkbox"/> Facility environment | Other | |

Comment on how environmental factors may have contributed to the occurrence

Organisational/regulatory - please indicate if any of the factors below may have contributed to the occurrence

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Operating procedures | <input type="checkbox"/> Training policies | <input type="checkbox"/> Maintenance procedures | <input type="checkbox"/> Safety culture |
| <input type="checkbox"/> CAA rules and regulations | <input type="checkbox"/> Other | | |

Comment on how organisational/regulatory factors may have contributed to the occurrence

Lessons learned - what advice would you give to another operator to reduce their chances of something like this happening to them?

Иргэний нисэхийн ерөнхий газрын даргын
2023 оны 3 дугаар сарын 22-ны өдрийн
1955 дугаар тушаалын 2 дугаар хавсралт



**Application for support to obtain foreign validation of a
Mongolian aviation design approval**

Note: The CAA Standard Rate hourly charge applies.

Section A – Applicant

Notes:

The foreign validation of a Mongolian design approval is likely to require support from the Civil Aviation Authority of Mongolia. This form is used to initiate the process.

The support to obtain a foreign validation of a Mongolian aviation project is a chargeable activity at the rate specified in the applicable Civil Aviation Charges Regulations.

Fill this form and email to awd@mcaa.gov.mn, or post to AWD, Civil Aviation Authority, Airworthiness Division, PO-34, Box-6, Ulaanbaatar, 17120, Mongolia.

Name of Applicant (organisation name)			
CAA Client ID (if known)			
Address for Service <i>Applicants must provide an address for service in Mongolia and to promptly notify the Director of any changes.</i>			
Postal Address (If different)			
Tel:		Fax:	
Email:			

Section B – Details for Invoice

Please provide the name of the organisation or individual, and address for the invoice to be sent, if different to above.

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Section C – Details of the Mongolian design approval for which validation is sought

MCAA approval reference number (i.e. Mongolian STC number or equivalent for TC related applications)	
Product description	

Section D – Foreign Authority for which validation is sought

This section is to capture which foreign authority the applicant intends to seek foreign validation of Mongolian products. This will assist the CAA with initiating dialogue with the relevant foreign authority.

It does not indicate that there is a suitable arrangement in place for validation or what the requirements for validation by the foreign authority will be.

Authority (tick all where support with validation is requested)	Additional information and other items to be submitted with application
Federal Agency for Air Transport of Russia <input type="checkbox"/>	<p>For Type Certificate applications/amendments, fill out appropriate form and supply it including associated documents specified on the form with this application.</p> <p>No application is required for STC's and TC holder modifications which are automatically accepted by regulation.</p>
United States Federal Aviation Administration <input type="checkbox"/>	<p>Fill out FAA Form 8110-12 and attach a copy to this application</p> <p>A Bilateral agreement defines how Mongolian design approvals are to be validated in the United States. The agreement sets out the FAA requirements for the validation depending on the approval to be validated. Please provide the information required by the Bilateral Agreement for the type of product for which validation is sought. (Para 3.2.2.3 for Type Certificates and Para 3.3.2.3 for Supplementary Type Certificates)</p>
Transport Canada <input type="checkbox"/>	<p>Please submit this application form and the CAA will work with the applicant and foreign authority to define the other requirements.</p>
European Union Aviation Safety Agency <input type="checkbox"/>	<p>Lodge an application with EASA for the validation and attach a copy to this application. EASA provides information on how to lodge an application here.</p> <p>Please submit this application form and the CAA with work with the applicant and foreign authority to define the other requirements.</p>
Civil Aviation Authority of China <input type="checkbox"/>	<p>Please submit this application form with the appropriate data defined by the CAAC/MCAA Technical Agreement (contained in appendix B for type certificates and appendix D for STCs) and the CAA will work with the applicant and foreign authority to define the other requirements.</p>
Other (please specify) <input type="checkbox"/>	<p>Please submit this application form and the CAA will work with the applicant and foreign authority to define the requirements for foreign validation in that State.</p>

Section E – Declaration

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.

Signature:

Date:

[Click here to enter a date.](#)



Application for One-off Major Design Change Authorisation
Applicable to Design Delegation Holders only

Application requirements and instructions for completing the form

- This application provides a mechanism to collect data regarding the application and lays out some of the criteria for decision making. There are other issues which the CAA consider that are beyond the control of the applicant and may prevent the authorisation being granted. These may include increased risk, operational sector safety trends, investigation or specific aircraft concerns.
- Use additional sheets such as those included at the end of the form to provide further details and explanations that do not fit in the original sections of the form.
- Once the form has been completed please email it to AWD@mcaa.gov.mn.

1. Part 146 Organisation Details

Part 146 Participant Number

Part 146 Design Organisation name

2. Design Change Identification

Please provide sufficient details to understand the intended design change

Design Change
Reference

Issue/
Revision

**Design Change
Description**

The description should be sufficient to understand the technical scope of the design change and answer the classification questions below. Please attach drawings, photographs and/or diagrams as necessary.

Why classified as a major design change?

See Schedule one attached to delegation for further information and examples

Is there an appreciable effect on weight due to the design change?	Yes / No
Is there an appreciable effect on balance due to the design change?	Yes / No
Is there an appreciable effect on structural strength due to the design change?	Yes / No
Is there an appreciable effect on reliability due to the design change?	Yes / No
Is there an appreciable effect on operational characteristics due to the design change?	Yes / No
Are any of the other criteria or examples from Schedule One met?	Yes / No

For example;

- adjustment of the certification basis
- new interpretation of the requirements used for the TC basis
- aspects of compliance demonstration have not been previously accepted
- extent of new substantiation data and degree of reassessment and re-evaluation considerable
- design change alters airworthiness or operating limitations
- mandated by AD or terminating action of an AD
- introduces or affects a function(s) where the failure condition is catastrophic or hazardous, or failure effect is 'major' when the criteria in Schedule One are met

If "yes", please provide details below:

If the answer to any of the questions above is "yes", however you would like to apply for a reclassification to a minor design change, please provide rationale below *(leave blank if the design change is believed to be major)*

3. Design Delegation Holder(s) who intend to perform finding of compliance for design change

DDH Participant Number	Name	Scope (e.g. subparts or particular rules) <i>If more than one DDH, please identify the DDH who will have overall responsibility for approval of the design change</i>	Confirm scope within delegation
			Yes / No
			Yes / No
			Yes / No

If more than three Design Delegation Holders will be involved in finding compliance, please continue table on additional sheets

4. Aircraft to be modified and operator

Note that major design change authorisations may only be provided for either a single aircraft, a fleet modification for a single operator or provided to a Mongolian type certificate holder.

Aircraft Manufacturer

Aircraft Model

Aircraft Registration (all applicable)

Aircraft Serial Number (all applicable)

Operator

5. Significance of the design change

Assess the design change against these criteria.

If the answer to any of these criteria is "yes", the major design change authorisation is unlikely to be granted. However, the design change may still be achieved via the Supplementary Type Certificate process.

Is there a significant increase in engine power?

Yes / No

Is there a change in propulsion type?

Yes / No

Is there a change in operational use?

Yes / No

Are there any new or novel design features?

Yes / No

Is the change affecting the Type Certificate Data Sheet?

Yes / No

Is the design change for use under a standard category airworthiness certificate and could the design change affect the noise compliance of the aircraft?

Yes / No

Are there any special manufacturing considerations?

Yes / No

Are there any new special conditions required or existing special conditions affected?

Yes / No

Are there any new equivalent level of safety finding required or existing new equivalent level of safety findings affected?

Yes / No

Is the design change classified as "Significant" in accordance with FAA AC21.101-1 at the latest revision?

Yes / No

If "Yes", please provide further details below

6. Replacement and modification of materials, parts, and appliances

Describe how rule 21.303 will be met

7. Declaration by Design Delegation Holder(s)

I (we) 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.

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 Part 13 and the Crimes Act 2015.

Full Name of Design Delegation Holder(s)

Participant Number(s)

Signature

Date of application

[Click here to enter a date](#)

Please send the completed application form to AWD@mcaa.gov.mn



**Application for Accreditation of a New or Modified GA
Synthetic Training Device (STD) for Approved Uses**

Application requirements and instructions for completing the form

- Please ensure all documents are enclosed. No application will be processed until all required documentation is received.
- The CAA Standard Rate hourly charge applies. Follow this link for information on fees and charges.
- For Initial Accreditation complete Sections 1, 2, 3, 5, 6 & 7.
- For **Accreditation of a Modification** complete Sections 1, 2, 4, 6 & 7. (Also 5, if required)
- For **Renewal or Amendment to the Approved Uses of an existing device** complete sections 1, 2, 5, 6 & 7. (Also 3 or 4, if appropriate to the application or amendment for Approved Uses)
- For Part 141 Certificate holders a completed Application for issue, renewal or amendment of an Aviation Training Organisation Certificate under Part 141, form CAA24141-01, is required with this application for initial accreditation.

1.Organisation Details

CAA Participant Number		
Legal Name of Organisation - A certificate will only be issued in the name of the registered company, partnership, sole trader or incorporated society.		
Trading name (if any)		
Your reference (order number or contact person, if applicable)		
Address for Service - Applicants must provide an address for service in Mongolia and to promptly notify the Director of any changes.		
Phone		Mobile
Email		
Postal Address (if different from Address for Service)		
Phone		Mobile
Email		

2.Type of Synthetic Training Device

<input type="checkbox"/>	Aeroplane	<input type="checkbox"/>	Helicopter
		If renewal, name and serial number of existing device:	
<input type="checkbox"/>	Flight Simulator		

A flight simulator, being an apparatus which provides an accurate representation of the flight deck of a particular aircraft type to the extent that the normal environment of flight crew members, the systems, and the performance and flight characteristics of that type are realistically simulated.	
<input type="checkbox"/>	Procedure Trainer
A flight procedure trainer, being an apparatus that provides a representation of aircraft to the extent that realistic flight deck environment, instrument responses, simple systems, and the performance and flight characteristics of aircraft of a particular class or type are simulated.	
<input type="checkbox"/>	Basic Instrument Trainer
A basic instrument flight trainer, being an apparatus equipped with appropriate instruments, simulating the flight deck environment of an aircraft in flight in instrument flight conditions, in which a pilot may be instructed or tested in basic instrument flight manoeuvres and procedures.	

3. Application for Accreditation of a New Synthetic Training Device

Device operator name	
Location of device (address, if different from applicant)	
Manufacturer	
Serial No. of the device	
Manufacturer of visual system	
Type of visual system	
Visual database used	
Aerodromes encompassed	
Manufacturer of motion system	
Aeroplane type/model/variant	
Engine type	
Engine instrumentation	
Flight instrumentation	
Qualification Level (ie.JAR) refer to 1(a) eg ICAO Level II	
Other:	

4. Application for Accreditation of a Modified Synthetic Training Device

Device operator name	
Location of device (address, if different from applicant)	
Manufacturer	
Serial No. of the device	
Manufacturer of visual system	
Type of visual system	
Manufacturer of motion system	
Aeroplane type/model/variant	
Engine type	
Engine instrumentation	
Flight instrumentation	
Qualification Level (ie.JAR) refer to 1(a) eg ICAO Level II	
Other:	

5. Application for Approved Uses for a Synthetic Training Device

Pilot Training		Rule/AC References
	1	Experience requirements
<input type="checkbox"/>		PPL Part 61.153(a)(3)(i), AC 61-3 Appendix 1
<input type="checkbox"/>		CPL Part 61.203(a)(4)(i) (A) & Part 61.203(a)(4) (ii) (H), AC61-5 Appendix 1
<input type="checkbox"/>		Instructor Rating Part 61.303(c)(2) (Category C), Part 61.303(d)(3) (Category B), AC61-18 Appendix 1
<input type="checkbox"/>		IFR Part 61.801(a)(2), AC61-17 Flight time experience – either (iii) or (ii)
	2	Recent flight experience
<input type="checkbox"/>		IFR Recency Part 61.807(a)(2)(i)&(ii), 61.807(a)(4)
		Pilot Proficiency Assessment
<input type="checkbox"/>	3	Extension of aids (ILS and NDB) Part 61.805(b)(4)
<input type="checkbox"/>	4	Flight crew competency checks Part 61.807(a)(1)(i) & 61.801(a)(6)

<input type="checkbox"/>	5	GNSS subsequent type	Part 91.903(a)&(b), AC61-17 Appendix II
<input type="checkbox"/>	6	RNP1 procedure endorsement	Part 61.805(b)(3)

6. Declaration

<i>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 Part 13 and the Crimes Act 2015.</i>	This application is made for and on behalf of the organisation identified in section 1. 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.			
	Name & Title		CAA Participant No	
	Signature		Date of Application	Click here to enter a date.

7. Applicant's Checklist

		Yes	N/A
<i>Please ensure all documents are enclosed. Applications which are incomplete or lacking any required documents will be returned.</i>	1. All required sections of this application completed	<input type="checkbox"/>	
	2. Copy of the organisations Synthetic Flight Training Manual (SFTM)	<input type="checkbox"/>	
	3. Copy of the STD Operations Manual, Quality Training Guide or other supporting documentation	<input type="checkbox"/>	
	4. Part 141 Training Organisation Certificate 24141-01 Application Form where required for new STD approval	<input type="checkbox"/>	<input type="checkbox"/>
	5. Declaration signed	<input type="checkbox"/>	
	6. Organisation name completed at the top of each page	<input type="checkbox"/>	
	7. Purchase order number (optional)	<input type="checkbox"/>	<input type="checkbox"/>

Scan the completed application form, including all supporting documentation to either:

Email ops@mcaa.gov.mn

Post OPS, Civil Aviation Authority, P.O-34, Box-6, Ulaanbaatar 17120, Mongolia



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2023 оны ... дугаар сарын ... ны өдрийн
... дугаар тушаалын 5 дугаар хавсралт

DIABETES REPORT (Applicant to complete)

1. Name:		2. CAA Client No:	
3. Postal Address:		4. Date of Birth: Click here to enter a date.	
5. Certificate(s) applied for: Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 2 – No IFR <input type="checkbox"/> Class 3 <input type="checkbox"/>			
6. DIABETES HISTORY			
a. Diabetes type: Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/>		b. Year of diagnosis	
c. Current Management: (Please provide details below)			
List here each medication and preparation taken (if any) to control your diabetes:, including dose and time			
Any smoking in the past 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>			
7. Monitoring			
a. Glucose monitoring meter used (if any)		How often (frequency)	
b. Do you use a continuous glucose monitoring device (if any monitoring)? If Yes specify type:			
c. When did you last see the following (if any)			
Dietician		General Practitioner	
Click here to enter a date.		Click here to enter a date.	
Diabetes Nurse		Diabetes Specialist	
Click here to enter a date.		Click here to enter a date.	
If doing self- monitoring of blood sugars, please provide a complete print out of all self-monitoring downloaded readings and their analysis for the past one year. Flying days must be outlined.			
8. Control of diabetes (answer if on treatment other than diet and / or Metformin): In the past 12 months, did you have?			
<input type="checkbox"/> Any episode or symptoms of low blood sugar (Please describe and include frequency, last episode date &).		<input type="checkbox"/> Low blood sugar results <4.1 mmol/L with or without symptoms (please include date / time of low results & attach your log).	
<input type="checkbox"/> Hospital admissions, or needed assistance for low blood sugar? (Please include date of last admission / attendance & supply summary).			
9. Complications or Symptoms: Please indicate if there are symptoms or have been any change in the following:			
<input type="checkbox"/> Vision change: (please include date & how changed)		<input type="checkbox"/> Numbness, tingling or feet pain (please include date & type of problem)	
10. Any comments you wish to make?			
11. Applicant's Declaration: I confirm that all the information entered onto this form in response to questions 1 to 9 is true and complete			
Applicant's Signature: To be signed in presence of examining doctor.		Date: Click here to enter a date.	



DIABETES REPORT (ME to complete)

1. Name:		2. CAA Client No.:	
12. EXAMINATION			
a. Medication		b. Cardiovascular system	
<input type="checkbox"/> Diet	<input type="checkbox"/> Sulphonylurea	Yes	No
<input type="checkbox"/> Glitazones	<input type="checkbox"/> Insulin	Peripheral pulses present	<input type="checkbox"/>
<input type="checkbox"/> Metformin	<input type="checkbox"/> Other	Absence of Bruits	<input type="checkbox"/>
		Blood Pressure (Standing)	/
		Blood Pressure (Lying)	/
c. Peripheral Nervous System		Yes	No
Microfilament sensation (Feet)		<input type="checkbox"/>	<input type="checkbox"/>
Vibration sense (Feet)		<input type="checkbox"/>	<input type="checkbox"/>
Reflexes (Legs)		<input type="checkbox"/>	<input type="checkbox"/>
Evidence of Neuropathy (Hands)		<input type="checkbox"/>	<input type="checkbox"/>
d. Weight and change since last GME		e. Other relevant findings	
13. ME check list of tests/investigations			
Please provide copies of the following: <i>For diabetic on Sulphonylurea or Insulin or potentially hypoglycaemia inducing combination</i> - Complete print out of all self-monitoring downloaded readings for the past 6 months - Their statistical analysis - Flying days must be outlined <i>All diabetics:</i> - HBA1c results since last GME - Latest blood lipids, creatinine, eGFR, uric acid - Latest urine albumin/ creatinine ration/ microalbumin (at least annually) - Latest retinal photo screening result - unless already provided within past 2 years - Latest specialist reports (if any) - diabetes specialist / clinic reports / cardiologist / other as relevant			
14. SUMMARY – ME ASSESSMENT OF DIABETES MANAGEMENT and DISEASE RELATED RISKS			
Management compliance		Control	
<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent	Cardiovascular Risk	
<input type="checkbox"/> Good	<input type="checkbox"/> Good	Yes	
<input type="checkbox"/> Sub Optimal	<input type="checkbox"/> Sub Optimal	No	
		10% or more at 5 years	
		Target Organs Damage	
		(microalbuminuria, retinopathy	
		microvascular disease, eGFR <60)	
		Stress ECG (if any)	
		Date: Click here to enter a date.	
		Full tracing and report to be provided	
15. ME comments about stability of current management / risks associated with hypoglycemic episodes or end organ disease: (Comments should include further action recommended.)			
16. Print Examiner's Name and Address (Practice Stamp Preferred)		17. Client's ID (if unknown to ME): Type of photo ID sighted, number and expiry date.	
		Client's photographic ID sighted at the medical examination.	
		18. Examiner's Declaration: I hereby certify that I personally identified and examined the applicant named on this medical report and that this report, with any attached notes, embodies my examination completely and correctly.	
		Date: Click here to enter a date.	
Telephone Number:		Examiner signature	



Иргэний нисэхийн ерөнхий газрын даргын
2023 оны 23 дугаар сарын 22-ны өдрийн
А/Зб... дугаар тушаалын 6 дугаар хавсралт

Notice of Proposal to Discharge Efflux - Part 77

This form is to be used to notify CAA of a proposal to discharge efflux from a structure in excess of 4.3 m per second:

- through the Obstacle Limitation Surface of an aerodrome; or
- Higher than 60m above ground level.

This notification is to be submitted to the CAA at least 5 working days notice prior to the proposed date of the activity.

The CAA Standard Rate hourly charge applies.

1. Proposer Details

Name: (Individual or Organisation)			
Address for Service: Applicants must provide an address for service in Mongolia and to promptly notify the Director of any changes.			
Tel :		Fax :	Email:
Postal Address (If different from Address for Service.)			
Authorised Contact:			
Tel :		Fax :	Email:

2. Nature of Proposal

Structure Address				°E
Location (WGS84)	Lat	°S	Long	
Start date/time (ULAT or UTC)		Completion date/time (if applicable)		
A. Elevation of site above mean sea level (metres)		B. Predicted height above ground level where the efflux velocity no longer exceeds 4.3 m/s (metres)		
C. Maximum effective height of efflux above mean sea level (metres) (C=A+B)				

3. Description of Proposal

Complete description of proposal. Examples of details required are:

- (a) modelling data to show the predicted extent of the efflux plume
- (b) nature of the efflux (exhaust, natural gas etc)
- (c) emergency plan for efflux shutdown

Proposed timing if a regular event
(indicate if in ULAT or UTC):

Alternative timing if required:

Lateral dimensions of the predicted
efflux plume (indicate the radius,
width, area or geographical
coordinates as required):

Designated Controlling Authority or
contact person and contact details:

Evidence of consultation with other
affected airspace users, if any:

Other information pertinent to the
activity or event (procedures, support
arrangements, expected periphery
activity, etc, please attach as
necessary)

4. Certification

I hereby certify that all the above statements made by me are true and complete to the best of my knowledge.

Printed Name

Signature

Click here to enter a date.

Date

The notice required shall be made by submitting this form to:

ANS, Civil Aviation Authority, P.O-34, Box-6, Ulaanbaatar 17120, Mongolia

The notice may also be submitted to: ANS@mcaa.gov.mn

Notification to the Civil Aviation Authority does not waive the requirements of any other local body or Government agency



24092-02DG Part 92 carriage of dangerous goods (DG) rule checklist
comply with Civil Aviation Rules. Part 92 carriage of DG requirements.

Email us this completed rule checklist (in editable format not PDF) with your application for certificate issue or renewal to ops@mcaa.gov.

To add rows to the tables in this form copy and paste the last row

It's important to keep your rule checklists up-to-date to assist ongoing compliance and support your certificate renewal applications

Click or tap to enter a date.

[illegible]

5. You must address the rules below where they apply to your operation

You must complete:

☐ Section A ALL Part 119 air operators

Only complete
if applicable:

☐ Section B DG shipping service

☐ Section C Carrying DG as cargo

or an application for certificate renewal, highlight or Track Change proposed amendments and any changes since the issue of your last certificate.

Section A ALL Part 119 air operators You must complete this section.

Rule	You complete Section or document name abbrev. and reference or heading (if the rule is not met or doesn't apply, explain why)	CAA use only Exposition sampled and any issues organisation must address (Inspector adds initials and date)	
Part 92 Carriage of DG			
Subpart A General			
92.1 Purpose			
92.1(b)(1) Technical instructions exclusions			
92.1(c) Carriage of replacement articles and substances			
92.7 General carriage requirements			
92.9 Forbidden DG			
92.11 Exceptions			
92.11(a) Police			
92.11(b) Class 1 DG			
92.11(c) Carriage of DG for the recreational use of a passenger			
92.13 Carriage by passenger or crew member			
92.15 Offer of goods			
92.17 Custody of DG			
Subpart D Operator			
92.157 Aircraft loading restrictions			
92.157(b)(1) Carriage of DG in checked or carry-on baggage			

Rule	You complete Section or document name abbrev. and reference or heading (If the rule is not met or doesn't apply, explain why)	CAA use only Exposition sampled and any issues organisation must address (Inspector adds initials and date)
92.159 Incompatible DG		
92.161 Separation, segregation, and security		
92.175 Information to employees		
92.177 Information in cargo acceptance areas		
92.179 Information to passenger		
92.181 Custody by operator		
Subpart E Training		
92.203 DG training programs		
92.205 Recurrent training		
92.207 Personnel records		
Part 12 Accidents, incidents, and statistics (occurrence reporting)		
Subpart B Notification, investigation, and reporting, of occurrences		
12.55 Notification of accident		
12.55(1) Notification of DG incident		
Part 121 Air operations large aeroplanes		
Subpart I Training		
121.555 Syllabus for crew member training program		
121.555(b)(10) Relating to carriage of DG		
Subpart L Manuals, logs, and records		
125.855 Documents to be carried		
121.855(a)(5) Notification of DG		
Part 125 Air operations medium aeroplanes		
Subpart I Training		
125.555 Syllabus for crew member training program		
125.555(b)(10) Relating to carriage of DG		

Rule	You complete Section or document name abbrev. and reference or heading (If the rule is not met or doesn't apply, explain why)	CAA use only Exposition sampled and any issues organisation must address (Inspector adds initials and date)
Subpart L Manuals, logs, and records		
1.25.855 Documents to be carried		
1.25.855(a)(5) Notification of DG		
Part 135 Air operations helicopters and small aeroplanes		
Subpart L Manuals, logs, and records		
35.855 Documents to be carried		
35.855(3) Notification of DG		

Section B DG shipping service *Only complete this section if it applies to your operation.*

Rule	You complete Section or document name abbrev. and reference or heading (If the rule is not met or doesn't apply, explain why)	CAA use only Exposition sampled and any issues organisation must address (Inspector adds initials and date)
Part 92 Carriage of DG		
Subpart B Packaging, packing, marking, and labelling		
2.51 Packaging requirements		
2.55 Packing requirements		
2.57 Marking requirements		
2.59 Labelling requirements		
Subpart C Offer of DG		
2.103 Offer of DG		
2.105 DG transport document		

Section C Carrying DG as cargo *Only complete this section if it applies to your operation.*

Rule	You complete		CAA use only	
	Section or document name abbrev. and reference or heading (If the rule is not met or doesn't apply, explain why)		Exposition sampled and any issues organisation must address (Inspector adds initials and date)	
Part 92 Carriage of DG				
Subpart D Operator				
92.153 Acceptance of DG				
92.155 Acceptance check				
92.157 Aircraft loading restrictions				
92.163 Loading inspection				
92.165 Unloading inspection				
92.167 Removal of damage or leakage				
92.169 Infectious substances				
92.171 Radioactive material				
92.173 Information to pilot-in-command				

CAA use only

Work request no.	Date assessment completed	Click or tap to enter a date.	Inspector's initials	
Inspector(s) who assessed rule checklist				
Name	Initials	Name	Initials	

Other rules or advisory circulars referred to during the assessment by the CAA inspector:

Reference	Reference	Reference	Reference

Development status control

This rule checklist was established using the following Part amendment statuses:

Part	Name	Amendment no.	Amendment date
12	Accidents, incidents, and statistics	Third issue	12 June 2019
92	Carriage of dangerous goods	Third issue	12 June 2019
121	Air Operations – Large Aeroplanes	Third issue	04 February 2021
125	Air Operations – Medium Aeroplanes	Third issue	04 February 2021
135	Air operators – helicopters and small aeroplanes	Third issue	04 February 2021

Revision:	0	Date: 2023	Status:	Final
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Form changed from 'compliance matrix' to 'rule checklist', instructions redrafted, table headings changed; Amendment numbers and dates updated

Compliance matrices 24135-08 and 24135-09 removed and replaced with this rule checklist



Иргэний нисэхийн ерөнхий газрын даргын
2023 оны ... дугаар сарын ...-ны өдрийн
... дугаар тушаалын 8 дугаар хавсралт

**Exposition amendment summary sheet for an
Unmanned Aircraft Operator under Part 102**

Use this form to:

1. Identify changes made to your exposition; and
 2. Assess whether any of these changes require prior acceptance by the CAA.
- If that is the case you will need to make a formal application by submitting form CAA 24102/02.**
This form is used by the CAA to determine how to deal with your exposition amendment. Use it as a checklist to avoid the inconvenience of having the CAA return to you any exposition amendment that is incorrect or incomplete.

1. Organisation details

CAA ID Number						Name of Organisation	
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2. Changes to exposition

Manual Name		Amendment No. and Date	/ Click here to enter a date.
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Summary of Changes

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3. Self-assessment

	Yes	No
Do the changes to the exposition relate to any of the requirements of rule 102.23(b) which require prior acceptance by the Director? - as listed below	<input type="checkbox"/>	<input type="checkbox"/>
1) the prime person	<input type="checkbox"/>	<input type="checkbox"/>
2) any person having control	<input type="checkbox"/>	<input type="checkbox"/>
3) the location from which operations are conducted (the base of operations)	<input type="checkbox"/>	<input type="checkbox"/>
Do the changes affect the organisation's Operations Specifications in any other way? Refer rule 102.15(b) (includes any changes to the exposition page references)		
address for service	<input type="checkbox"/>	<input type="checkbox"/>
2) trading names	<input type="checkbox"/>	<input type="checkbox"/>
3) operational privileges	<input type="checkbox"/>	<input type="checkbox"/>
4) operations permitted	<input type="checkbox"/>	<input type="checkbox"/>
5) geographic areas of operation	<input type="checkbox"/>	<input type="checkbox"/>
6) operator training	<input type="checkbox"/>	<input type="checkbox"/>
7) aircraft authorised for use	<input type="checkbox"/>	<input type="checkbox"/>
8) service providers	<input type="checkbox"/>	<input type="checkbox"/>
9) relate to any exemptions currently on operations specification	<input type="checkbox"/>	<input type="checkbox"/>
10) relate to additional conditions listed on operations specifications	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered 'YES' to any of these questions, make an application for amendment to your unmanned aircraft operator certificate.
Submit application form CAA 24102/02 and include the amended draft exposition and this form.

If you have answered 'NO' to all of these questions, send in your exposition amendment with this form.
No application is required.

4. Previous application

Are the changes made in response to an earlier application or submission that is currently being assessed by the CAA?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes	<input type="checkbox"/> Change to your organisation under 102.23(b) or other information on the Operations Specifications	Work request No.		
	<input type="checkbox"/> Formal request for change made by the CAA	Work request or Ref. if known		
Who within CAA is processing this change? (if known)				

5. Changes submitted by

Submitted by		Position		Date	Click here to enter a date.
Email					

Email this completed form and all attachments to ops@mcaa.gov.mn or post to:
OPS, Civil Aviation Authority, PO-34, Box-6, Ulaanbaatar, 17120, Mongolia

Please note:

Based on the information you have provided in your self-assessment, the CAA library will either:

1. File the changes into the copy of your organisation's exposition held in our library.
This does not constitute an acceptance of the changes if so required by 102.23(b).
It remains your responsibility to maintain an exposition that is acceptable to the Director as required by 102.23.

OR

2. Forward your submission to the appropriate operational unit for assessment.
If you need any further details relating to these changes, contact that unit directly.



Part 139 Compliance Matrix

The rule references in this compliance matrix have been extracted from the Civil Aviation Rules system as the minimum compliance requirements for an applicant for the issue or renewal of a Part 139 Aerodrome Certificate.

A completed compliance matrix must be submitted by the applicant for both initial certification and for renewal. Additionally, the certificate holder should maintain an up-to-date compliance matrix to assist with on-going compliance and to support certificate amendment requests.

The purpose of the matrix is to speed up the certification process, ensure every applicable rule requirement has been addressed in the exposition and reduce the cost of certification by allowing the quick location of required policies or procedures in the applicant's exposition manual suite.

All Civil Aviation rules have to be complied with, but not every rule has to be addressed in the exposition. At least the following Rules must be included unless they are not applicable to the operation, in which case they should be annotated as such. The intention of this matrix is to assist rather than instruct the applicant in an initial application or request for renewal. If, for your operation, compliance is required with a rule not listed in the matrix, please add it to the list and identify the exposition reference.

This matrix must be completed by every applicant for a Part 139 Aerodrome Certificate and show the exposition pages and paragraph numbers that satisfy the rules in the *Manual References / Applicant's Comments* column. Where the applicant does not meet the rule requirement or deems it not applicable, an explanation should be given in this column. **Please note ticks (✓) are not acceptable.**

The completed matrix should accompany the exposition documents and preferably be included as a component of the exposition. The applicant may submit a completed matrix in different format as long as it includes all the rule references identified below; however, there may be additional processing time required by the CAA in cross-referencing requirement

Transition Provisions

Some of the rule references shown are affected by the Transitional Provisions shown in Parts 139.551, 139.553, or 139.555. These are annotated with the letters 'TP'. Reference should be made to the applicable rule part to determine if these are to be included.

General Manual Layout and Distribution

Electronic exposition: Is the matrix included as part of the file(s)/disc? If so, is it up to date? Have you considered the methods for distributing to the CAA and how you will manage amendments?

Manual binders: Can the manual be amended easily? (Three- or four-ring binders are preferred; two-ring binders are not recommended as the pages are too easily torn). If permanent bound, do you intend to re-issue at every amendment? This may inhibit frequency of needed amendments.

CAA 24139/07

Rev. 0(1): ... 2023



Applicant:

Manuals Submitted:

Participant ID:

Rev.:

Dated: [Click here to enter a c](#)

	Applicant's Comments	CAA Comments (for CAA use only)
Rule Compliance Matrix		
Company Statement page, signed by the Chief Executive		
List of Effective Pages		
Record of Amendments		
Distribution List & copies to be numbered		
Contents Page		
Definitions & Abbreviations (not mandatory)		
On every page, headers and/or footers to include: (a) Company name (b) Name of the manual (c) Effective revision and date of the page (d) Page number		
Index (not mandatory but desirable)		



Rule Reference	Manual References / Applicant's Comments	CAA Review & Comments (for CAA use only)
139.401 – Personnel Requirements		
(a) An applicant for the grant of a qualifying aerodrome operator certificate must engage, employ or contract		
(1) a senior person identified as the chief executive who – (i) has the authority within the applicant's organisation to ensure that all activities undertaken by the organisation can be financed and carried out in accordance with the requirements and standards prescribed by this Part; and		
(ii) is responsible for ensuring that the applicant's organisation complies with the requirements and standards prescribed by this Part; and		
(2) a senior person designated as the Airport Manager, or senior persons – (i) who is or are responsible for ensuring that the aerodrome and its operation complies with Subparts A, G and H; and		
(ia) who is responsible for the system for safety management required under rule 139.409; and		
(ii) who is or are ultimately responsible to the chief executive, if the senior person is a person other than the chief executive; and		
(3) sufficient personnel to operate and maintain the aerodrome and its services and facilities in accordance with the requirements of Subparts A, G and H (aa) The senior person referred to in paragraph (a)(2)(ia) must be able to demonstrate competency and experience relevant to the management of safety systems and the activities of the certificate holder.		
(b) An applicant for the grant of a qualifying aerodrome operator certificate must establish a procedure for initially assessing and for maintaining the competence of personnel required to operate and maintain the aerodrome and its services and facilities.		
(c) To avoid doubt, the chief executive position and the senior person positions referred to in paragraph (a)(2) may be held by 1 person		
139.405 Public protection –		
An applicant for the grant of a qualifying aerodrome operator certificate must provide at the aerodrome –		
(1) safeguards for preventing animals interfering with movements on the aerodrome; and		
(2) safeguards for deterring the entry of unauthorised persons and vehicles to the aerodrome operational area; and		



(3) reasonable protection of persons and property from aircraft operations.		
139.407 Notification of aerodrome data and information – An applicant for the grant of a qualifying aerodrome operator certificate must establish a procedure for notifying the aeronautical information service provider—		
(1) of aerodrome data and information; and		
(2) of any limitation established under rule 139.403 on the use of the aerodrome; and		
(3) as soon as practicable, of any change that affects the use of the aerodrome.		
139.409 Safety management		
An applicant for the grant of a qualifying aerodrome operator certificate must establish, implement, and maintain a system for safety management in accordance with rule 100.3.		
139.411 Movement data reporting		
An applicant for the grant of a qualifying aerodrome operator certificate must establish procedures for collecting traffic movement data at the aerodrome on a monthly basis and for reporting that movement data once every 3 months to the Director.		
139.413 Works on aerodrome		
An applicant for the grant of a qualifying aerodrome operator certificate must establish procedures, including precautions to be taken, for ensuring that any works carried out on the aerodrome do not endanger aircraft operations.		
139.415 Documentation		
An applicant for the grant of a qualifying aerodrome operator certificate must—		
(1) hold copies of relevant documents necessary for the provision and operation of the aerodrome and the associated services and facilities; and		
(2) establish a procedure for controlling the documents required under paragraph (1) to ensure that— (i) current issues of relevant documents are available to personnel at each location where personnel need access to the documentation; and (ii) every obsolete document is promptly removed from every point of issue; and (iii) the current version of each item of documentation can be identified to prevent the use of superseded material.		
139.417 Qualifying aerodrome operator exposition		
(a) An applicant for the grant of a qualifying aerodrome operator certificate must provide the Director with an exposition which must contain—		



(1) a statement signed by the chief executive, on behalf of the applicant's organisation, confirming that the exposition and any included manuals— (i) define the organisation and demonstrate its means and methods for ensuring ongoing compliance with this Part; and (ii) is to be complied with at all times; and		
(1A) in relation to the system for safety management required by rule 139.409,— (i) all of the documentation required by rule 100.3(b); and (ii) for an applicant that is not applying for a renewal of a qualifying aerodrome operator certificate, an implementation plan that describes how the system for safety management will be implemented; and		
(2) the titles and names of the senior person or persons required by rules 139.401(a)(1) and (2); and		
(3) the duties and responsibilities of the senior person or persons required by rules 139.401(a)(1) and (2), including— (i) matters for which they have responsibility to deal directly with the Director or the Authority on behalf of the organisation; and (ii) responsibilities for safety management; and		
(4) if applicable, an organisation chart showing lines of responsibility of the senior person or persons required by rules 139.401(a)(1) and (2); and		
(5) any limitations on the use of the aerodrome established under rule 139.403; and		
(6) a description of the safeguards for public protection required by rule 139.405; and		
(6A) information identifying the lines of safety responsibility within the organisation; and		
(7) the procedures required by rule 139.407 for the notification of aerodrome data and information; and		
(8) [revoked]		
(9) the procedures required by rule 139.411 for the collection and reporting of traffic movement data; and		
(10) the procedures and precautions required by rule 139.413 for any works on the aerodrome; and		



(11) the procedures required by rule 139.415(2) for management and control of documents necessary for the provision and operation of the aerodrome; and			
(12) procedures for controlling, amending, and distributing the exposition.			
139.417 Qualifying aerodrome operator exposition (b) The exposition must, in addition to the matters specified in paragraph (a), include any requirements or procedures that are necessary to manage risks relating to any of the following matters that have been identified in the aeronautical study required by rule 139.21:			
(1) aerodrome design requirements including physical characteristics, obstacle limitation surfaces, visual aids, equipment and installations, and runway end safety areas:			
(2) aerodrome emergency plan:			
(3) rescue and firefighting:			
(4) wildlife hazard management:			
(5) aerodrome maintenance:			
(6) visual aids for navigation – maintenance and checking:			
(7) aerodrome air traffic services:			
(8) apron management services:			
(9) aerodrome inspection programme:			
(10) ground vehicles:			
(11) protection of navigation aids and ATS facilities:			
(12) aerodrome condition notification.			
139.453 Unsafe conditions			
A holder of a qualifying aerodrome operator certificate must establish procedures for ensuring that aircraft operations are restricted, or if necessary prohibited, on any part of the aerodrome where an unsafe condition may exist.			
139.457 Aeronautical Study (a) A holder of a qualifying aerodrome operator certificate must monitor operations and conduct an aeronautical study for any significant change that may affect the safety of aerodrome operations.			
(b) For the purpose of paragraph (a), a significant change includes: (1) a significant increase in aerodrome aircraft traffic volumes; or			
(2) a significant change in type of aircraft operations; or			
(3) a significant change in the aerodrome physical characteristics; or			



<p>(4) an increase in accidents or incidents at or in the vicinity of the aerodrome; or</p> <p>(5) when annual aircraft movements at the aerodrome are forecast to exceed, for 3 consecutive years, — (i) 40,000 or more combined VFR and IFR movements; or</p> <p>(ii) 7,500 or more IFR movements; or</p> <p>(iii) 60,000 or more combined VFR and IFR movements of which 9,000 or more are IFR movements; or</p> <p>(iv) 15,000 or more IFR movements; or</p> <p>(v) 100,000 or more combined VFR and IFR movements</p>		
<p>(c) The holder of a qualifying aerodrome operator certificate must, immediately after completing an aeronautical study—</p> <p>(1) review the operation of the aerodrome and, if necessary, make any changes that are required in the interests of aviation safety, to the operator's exposition, in accordance with the procedure for amending the exposition; and</p> <p>(2) provide the results of the aeronautical study to the Director.</p>		
<p>(d) If practicable, the holder of a qualifying aerodrome operator certificate must conduct the aeronautical study prior to the significant change.</p>		
<p>(e) If it is not practicable for the holder of a qualifying aerodrome operator certificate to conduct an aeronautical study prior to the significant change, then the certificate holder must conduct the aeronautical study as soon as practicable after the change.</p>		
100.3 Safety Management		
139.75 System for safety management		
100.3(a)(1) Safety policy		
100.3(a)(2) Risk management process		



100.3(a)(3)(i) <i>Hazard etc. reporting</i>			
100.3(a)(3)(ii) <i>Safety improvement goals and measures</i>			
100.3(a)(3)(iii) <i>Quality assurance</i>			
100.3(a)(4) <i>Training</i>			
100.3(b) <i>SM documentation</i>			
100.3(c) <i>Adequacy of SMS</i>			
Part 12 Occurrence Reporting			
12.55(a)(6) <i>Notification of aerodrome incident</i>			
12.55(d)(7) [App A(g)] <i>Required information</i>			
12.57(a)(1) <i>Provide details</i>			
12.57(b)(1)-(3) <i>Means of providing details</i>			
12.59(1) <i>Conduct investigation</i>			
12.59(2)(i)-(iii) <i>Submit report to CAA</i>			
12.59(3) <i>Preventive action</i>			
List any other rules complied with:			



CAA Use

Assessed By:

Work Request:

Date received: [Click here to enter a date.](#)

Date accepted: [Click here to enter a date.](#)

This matrix was established using the following Rule Part amendment statuses

12	Accidents, Incidents, and Statistics	Amendment 3	12 June 2019
100	Safety Management	Amendment 0	12 June 2019
139	Aerodromes – Certification, Operation and Use	Amendment 4	12 June 2019
175	Aeronautical Information Services Organisations	Amendment 3	04 February 2021

Other rules or advisory circulars referred to during the assessment by Inspector



Иргэний нисэхийн ерөнхий газрын даргын
2023 оны 03 дугаар сарын 12 ны өдрийн
4/58 дугаар тушаалын 10 дугаар хавсралт

Part 121 Maintenance Review

Operator			AOC No:		
Date maintenance review carried out	Click here to enter a date.	Facility and location, where maintenance review carried out			
Principle Maintainer		AMO-C No:		Reviewer Name:	
				AMEL No.	

Maintenance review for an aircraft has to be carried out every 12 months

Date next Review due	Click here to enter a date.
----------------------	-----------------------------

Section 1. Aircraft		Reg. Mark: JU-		Airworthiness Certificate Categories			
Standard Category		<input type="checkbox"/>		Restricted Category		<input type="checkbox"/>	
Aeroplane	Airframe	Engine(s)		Propeller(s)			
		LH	RH	LH	RH		
Manufacturer							
Model							
TCDS No.							
MSN & Manufac. date	/ Click here to enter a date.	/ Click here to enter a date.	/ Click here to enter a date.	/ Click here to enter a date.	/ Click here to enter a date.		
TTIS (Hours)							
TCIS (Cycles)							
TSO							
CSO							
Last OH date	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.		
Landing Gear	Nose	Left		Right			
MSN & Manufac. date	/ Click here to enter a date.	/ Click here to enter a date.		/ Click here to enter a date.			
TTIS (Hours)							
TCIS (Cycles)							
TSO							
CSO							
Last OH date	Click here to enter a date.	Click here to enter a date.		Click here to enter a date.			
APU							
Manufacturer			TCDS No.			TSO	
Model			TTIS (Hours)			CSO	
MSN & Manufac. date	/ Click here to enter a date.	TCIS (Cycles)			Last OH date		
TIS recorder fitted at A/F hours	TIS recorder reading		Total hours from TLB		TIS recorder reading entered		
TIS recorder operational history	Tamper Indication	<input type="checkbox"/> Fault Indication	<input type="checkbox"/> Remove/fit Indication	<input type="checkbox"/> Is there an hour's discrepancy?			
Tachometer/Hob vs hour reading	Heater hour meter reading						
Maintenance Program (Check one)	Part 119	<input type="checkbox"/>	Part 91.607, 91.605	<input type="checkbox"/>	Manufacturers	<input type="checkbox"/>	
Maintenance Program (Issue No. Date, Revision No. Date):							

Section 2. Aircraft Certificates

Name	Detail (No.)	Date of Issue
Certificate of Airworthiness		Click here to enter a date.
Certificate of Registration		Click here to enter a date.
Noise Certificate		Click here to enter a date.
Type Acceptance Certificate		Click here to enter a date.
Certificate of Insurance		Click here to enter a date.
Aircraft Radio Station License		Click here to enter a date.

Section 3. CAR 121.415(b) Maintenance Review

Rule Reference	Description	Compliance			Remarks
		Yes	No	N/A	
121.415(b)(1)	Due maintenance specified in the applicable maintenance program for the aircraft has been completed within the time period specified * List Base Maintenance in Section 4 below * List Modifications and STCs in Section 5 Below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
121.415(b)(2)	Every applicable AD has been complied i.a.w the requirements prescribed in Part 39 * List applicable AD/SB accomplished since last maintenance review in Section 6 below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
121.415(b)(3), 43.107	Every defect entered in the technical log has been rectified or properly deferred i.a.w the procedures in the certificate holder's exposition * List Deferral Usage since last maintenance review in Section 7 Below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Base Maintenance List since last Maintenance Review

[illegible]

[illegible][illegible]

Section 7. Deferral usage list since last Maintenance Review

[illegible]

Section 8. CAR 121.415(b)(4) Every applicable certification for release-to-service has been made i.a.w Subpart C of Part 43

Rule Reference	Description	Compliance			Remarks
		Yes	No	N/A	
43.101	Persons that certified release-to-service met all requirements of CAR 43.101.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.103	Each applicable release-to-service certification met requirements of CAR 43.103.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.105	Each applicable release-to-service certification after maintenance met requirements of CAR 43.105.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.107	Before certifying an aircraft or component for release-to-service that includes inoperative instruments or equipment that are permitted to be inoperative under CAR 91.537 must meet CAR 43.107.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.113	Every applicable release-to-service certification that requires a duplicate safety inspection as described in CAR 43.113(a)(2) met all requirements of CAR 43.113.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.115	Every applicable release-to-service certification that requires an engine performance check as described in CAR 43.115(a) met all requirements of CAR 43.115.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 9. Confirmation statement of Maintenance Review.

Certify that the maintenance review has been carried out by entering the following statement in the appropriate maintenance logbook with the person's signature, authorization number, and the date of entry:

"The maintenance review for this aircraft and such of its equipment as is necessary for its continued airworthiness has been carried out i.a.w the requirements of CAR 121.415."

I hereby certify that the Maintenance Review on the aircraft described in Section 1 has been carried out and entered maintenance review statement in the appropriate maintenance logbook i.a.w CAR 121.415.

Name: _____
 Authorization Number: _____
 Signature: _____

Date

Click here to
enter a date.

I hereby verify that the Maintenance Review on the aircraft described in Section 1 has been carried out i.a.w CAR 121.415.

Name of CEO: _____
 Signature: _____

Date

Click here to
enter a date.

Explanatory notes for completing the Maintenance Review:**Section 1**

The type certificate data sheet that the aircraft was type accepted into Mongolia under should be referred to, if applicable. These are listed on AC21-1.2. List the airframe, engine and propeller TCDS numbers and ensure that the aircraft conforms with its type certificate.

Automatic time in service recorder required by 91.509(b) – enter details only when a time in service recorder is fitted.

Maintenance program – refer 91.605(a) – the aircraft must be maintained to either an approved maintenance program, the manufacturer's program or an acceptable program as applicable. Reference AC91-14

Section 2

List appropriate certificates relating to the aircraft.

Section 3

Confirm the Maintenance review has been completed i.a.w CAR 121.415(b) and list applicable information on sections 4, 5, 6, and 7.

Section 4

List base maintenance checks carried out on the aircraft since last maintenance review.

Section 5

List all modifications/repairs embodied since the last Review and check that any applicable conformity inspections have been carried out by an appropriately authorized person.

Section 6

List all AD and SB embodied since the last Review and check that any applicable conformity inspections have been carried out by an appropriately authorized person.

Section 7

List deferral usage of the aircraft since last maintenance review.

Section 8

Confirm that the certifications for release-to-service has been produced i.a.w CAR 43.

Section 9

Confirm that the maintenance review has been completed by writing a written statement to the aircraft maintenance logbook.



Иргэний нисэхийн ерөнхий газрын даргын
2023 оны 03 дугаар сарын 02-ны өдрийн
А/56 дугаар тушаалын 11 дүгээр хавсралт

Part 125 Maintenance Review

Operator			AOC No:		
Date maintenance review carried out	Click here to enter a date.	Facility and location, where maintenance review carried out			
Principle Maintainer		AMO-C No:		Reviewer Name:	
			AMEL No.		

Maintenance review for an aircraft has to be carried out every 12 months

Date next Review due	Click here to enter a date.
----------------------	-----------------------------

Section 1. Aircraft		Reg. Mark: JU-		Airworthiness Certificate Categories			
Standard Category		<input type="checkbox"/>		Restricted Category		<input type="checkbox"/>	
Aeroplane	Airframe	Engine(s)		Propeller(s)			
		LH	RH	LH	RH		
Manufacturer							
Model							
TCDS No.							
MSN & Manufac. date	/ Click here to enter a date.	/ Click here to enter a date.	/ Click here to enter a date.	/ Click here to enter a date.	/ Click here to enter a date.		
TTIS (Hours)							
TCIS (Cycles)							
TSO							
CSO							
Last OH date	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.		
Landing Gear	Nose	Left		Right			
MSN & Manufac. date	/ Click here to enter a date.	/ Click here to enter a date.		/ Click here to enter a date.			
TTIS (Hours)							
TCIS (Cycles)							
TSO							
CSO							
Last OH date	Click here to enter a date.	Click here to enter a date.		Click here to enter a date.			
APU							
Manufacturer			TCDS No.			TSO	
Model			TTIS (Hours)			CSO	
MSN & Manufac. date	/ Click here to enter a date.		TCIS (Cycles)			Last OH date	
TIS recorder fitted at A/F hours	TIS recorder reading		Total hours from TLB		TIS recorder reading entered		
TIS recorder operational history	Tamper Indication	<input type="checkbox"/>	Fault Indication	<input type="checkbox"/>	Remove/fit indication	<input type="checkbox"/>	Is there an hour's discrepancy?
Tachometer/Hob vs hour reading	Heater hour meter reading						
Maintenance Program (Check one)	Part 119	<input type="checkbox"/>	Part 91.607, 91.605	<input type="checkbox"/>	Manufacturers	<input type="checkbox"/>	TC (no support)
Maintenance Program (Issue No. Date, Revision No. Date):							

Name	Detail (No.)	Date of Issue
Certificate of Airworthiness		Click here to enter a date.
Certificate of Registration		Click here to enter a date.
Noise Certificate		Click here to enter a date.
Type Acceptance Certificate		Click here to enter a date.
Certificate of Insurance		Click here to enter a date.
Aircraft Radio Station License		Click here to enter a date.

Section 3. CAR 125.415(b) Maintenance Review

Rule Reference	Description	Compliance			Remarks
		Yes	No	N/A	
125.415(b)(1)	Due maintenance specified in the applicable maintenance program for the aircraft has been completed within the time period specified * List Base Maintenance in Section 4 below * List Modifications and STCs in Section 5 Below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
125.415(b)(2)	Every applicable AD has been complied i.a.w the requirements prescribed in Part 39 * List applicable AD/SB accomplished since last maintenance review in Section 6 below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
125.415(b)(3), 43.107	Every defect entered in the technical log has been rectified or properly deferred i.a.w the procedures in the certificate holder's exposition * List Deferral Usage since last maintenance review in Section 7 Below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Base Maintenance List since last Maintenance Review

[illegible]

Section 5. Modifications or Repairs recorded and STCs Incorporation List since last Maintenance Review

[illegible]

Section 6. Complied AD/SB list since last Maintenance Review

[illegible]

Section 7. Deferral usage list since last Maintenance Review

[illegible]

Section 8. CAR 125.415(b)(4) Every applicable certification for release-to-service has been made i.a.w Subpart C of Part 43

Rule Reference	Description	Compliance			Remarks
		Yes	No	N/A	
43.101	Persons that certified release-to-service met all requirements of CAR 43.101.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.103	Each applicable release-to-service certification met requirements of CAR 43.103.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.105	Each applicable release-to-service certification after maintenance met requirements of CAR 43.105.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.107	Before certifying an aircraft or component for release-to-service that includes inoperative instruments or equipment that are permitted to be inoperative under CAR 91.537 must meet CAR 43.107.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.113	Every applicable release-to-service certification that requires a duplicate safety inspection as described in CAR 43.113(a)(2) met all requirements of CAR 43.113.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.115	Every applicable release-to-service certification that requires an engine performance check as described in CAR 43.115(a) met all requirements of CAR 43.115.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 9. Confirmation statement of Maintenance Review.

Certify that the maintenance review has been carried out by entering the following statement in the appropriate maintenance logbook with the person's signature, authorization number, and the date of entry:

"The maintenance review for this aircraft and such of its equipment as is necessary for its continued airworthiness has been carried out i.a.w the requirements of CAR 125.415."

I hereby certify that the Maintenance Review on the aircraft described in Section 1 has been carried out and entered maintenance review statement in the appropriate maintenance logbook i.a.w CAR 125.415.

Name: _____
 Authorization Number: _____
 Signature: _____

Date

Click here to enter a date.

I hereby verify that the Maintenance Review on the aircraft described in Section 1 has been carried out i.a.w CAR 125.415.

Name of CEO: _____
 Signature: _____

Date

Click here to enter a date.

Explanatory notes for completing the Maintenance Review:**Section 1**

The type certificate data sheet that the aircraft was type accepted into Mongolia under should be referred to, if applicable. These are listed on AC21-1.2. List the airframe, engine and propeller TCDS numbers and ensure that the aircraft conforms with its type certificate.

Automatic time in service recorder required by 91.509(b) – enter details only when a time in service recorder is fitted.

Maintenance program – refer 91.605(a) – the aircraft must be maintained to either an approved maintenance program, the manufacturer's program or an acceptable program as applicable. Reference AC91-14

Section 2

List appropriate certificates relating to the aircraft.

Section 3

Confirm the Maintenance review has been completed i.a.w CAR 125.415(b) and list applicable information on sections 4, 5, 6, and 7.

Section 4

List base maintenance checks carried out on the aircraft since last maintenance review.

Section 5

List all modifications/repairs embodied since the last Review and check that any applicable conformity inspections have been carried out by an appropriately authorized person.

Section 6

List all AD and SB embodied since the last Review and check that any applicable conformity inspections have been carried out by an appropriately authorized person.

Section 7

List deferral usage of the aircraft since last maintenance review.

Section 8

Confirm that the certifications for release-to-service has been produced i.a.w CAR 43.

Section 9

Confirm that the maintenance review has been completed by writing a written statement to the aircraft maintenance logbook.



Иргэний нисэхийн ерөнхий газрын даргын
2023 оны... дугаар сарын... ны өдрийн
А/СБ. дугаар тушаалын 12 дугаар хавсралт

Part 135 Maintenance Review

Operator			AOC No:		
Date maintenance review carried out	Click here to enter a date.	Facility and location, where maintenance review carried out			
Principle Maintainer		AMO-C No:		Reviewer Name:	
					AMEL No.

Maintenance review for an aircraft has to be carried out every 12 months

Date next Review due	Click here to enter a date.
----------------------	-----------------------------

Section 1a. Aeroplane	Reg. Mark:	JU-	Airworthiness Certificate Category			
			Standard <input type="checkbox"/>		Restricted <input type="checkbox"/>	
Aeroplane	Airframe	Engine(s)		Propeller(s)		
		LH	RH			
Manufacturer						
Model						
TCDS No.						
MSN & Manufac. date	/ Click here to enter a date.	/ Click here to enter a date.	/ Click here to enter a date.	/ Click here to enter a date.	/ Click here to enter a date.	
TTIS (Hours)						
TCIS (Cycles)						
TSO						
CSO						
Last OH date	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	
Landing Gear	Nose	Left		Right		
MSN & Manufac. date	/ Click here to enter a date.	/ Click here to enter a date.		/ Click here to enter a date.		
TTIS (Hours)						
TCIS (Cycles)						
TSO						
CSO						
Last OH date	Click here to enter a date.	Click here to enter a date.		Click here to enter a date.		
APU						
Manufacturer		TCDS No.		TSO		
Model		TTIS (Hours)		CSO		
MSN & Manufac. date	/ Click here to enter a date.	TCIS (Cycles)		Last OH date	Click here to enter a date.	
TIS recorder fitted at A/F hours		TIS recorder reading		Total hours from TLB	TIS recorder reading entered	
TIS recorder operational history	Tamper Indication <input type="checkbox"/>	Fault Indication <input type="checkbox"/>	Remove/fit indication <input type="checkbox"/>	Is there an hour's discrepancy? <input type="checkbox"/>		
Tachometer/Hob vs hour reading	Heater hour meter reading					
Maintenance Program (Check one)	Part 119 <input type="checkbox"/>	Part 91.607, 91.605 <input type="checkbox"/>	Manufacturer's <input type="checkbox"/>	TC (no support) <input type="checkbox"/>		
Maintenance Program (Issue No. Date, Revision No. Date):						

Section 1b. Helicopter		Reg. Mark: JU-		Airworthiness Certificate Categories			
Standard Category <input type="checkbox"/>		Restricted Category <input type="checkbox"/>		Special Category <input type="checkbox"/>		sub category	
Helicopter	Airframe	Engine(s)		Main Rotor	Tail rotor		
		LH	RH				
Manufacturer							
Model							
TCDS No.							
MSN & Manufac. date	/ Click here to enter a date.	/ Click here to enter a date.	/ Click here to enter a date.	/ Click here to enter a date.	/ Click here to enter a date.		
TTIS (Hours)							
TCIS (Cycles)							
TSO							
CSO							
Last OH date	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.		
Gear Box	Main	Intermediate		Tail			
Manufacturer							
Model							
MSN & Manufac. date	/ Click here to enter a date.	/ Click here to enter a date.	/ Click here to enter a date.	/ Click here to enter a date.			
TTIS(Hours)							
TCIS(Cycles)							
TSO							
CSO							
Last OH date	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.			
Landing Gear	Nose or Skid	Left		Right			
MSN & Manufac. date	/ Click here to enter a date.	/ Click here to enter a date.	/ Click here to enter a date.	/ Click here to enter a date.			
TTIS (Hours)							
TCIS (Cycles)							
TSO							
CSO							
Last OH date	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.			
APU							
Manufacturer		TCDS No.		TSO			
Model		TTIS (Hours)		CSO			
MSN & Manufac. date	/ Click here to enter a date.	TCIS (Cycles)		Last OH date	Click here to enter a date.		
TIS recorder fitted at A/F hours		TIS recorder reading		Total hours from TLB		TIS recorder reading entered	
TIS recorder operational history	Tamper Indication	<input type="checkbox"/> Fault Indication	<input type="checkbox"/>	Remove/fit indication	<input type="checkbox"/>	Is there an hour's discrepancy?	<input type="checkbox"/>
Tachometer/Hob vs hour reading		Heater hour meter reading					
Maintenance Program (Check one)	Part 119	<input type="checkbox"/> Part 91.607, 91.605	<input type="checkbox"/>	Manufacturers	<input type="checkbox"/>	TC (no support)	<input type="checkbox"/>
Maintenance Program (Issue No. Date, Revision No.)							

Section 2. Aircraft Certificates

Section 2: Aircraft Certificates		
Name		Detail (No.)
Certificate of Airworthiness		Click here to enter a date.
Certificate of Registration		Click here to enter a date.
Noise Certificate		Click here to enter a date.
Type Acceptance Certificate		Click here to enter a date.
Certificate of Insurance		Click here to enter a date.
Aircraft Radio Station License		Click here to enter a date.

Section 3. CAR 135.415(b) Maintenance Review

Rule Ref	Description	Compliance			Remarks
		Yes	No	N/A	
135.415(b)(1)	the aircraft conforms to its type certificate data sheet or equivalent type data that is acceptable to the Director; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
135.415(b)(2)	for an aircraft that is required by rule 91.509(b) to be fitted with a time-in service recorder,-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	(i) the time-in-service recorder reading is recorded in the appropriate maintenance logbook; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	(ii) the aircraft's total time-in-service recorded in the technical log is compared with the time-in-service recorder reading; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	(iii) any discrepancy between the time-in-service figures referred to in paragraph (b)(2)(ii) is reported in accordance with rule 43.155(a)(4); and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
135.415(b)(3)	since the last maintenance review-				
	(i) every modification and repair has been correctly recorded and conforms to the applicable technical data listed in Appendix D of Part 21; and * List Modifications and STCs in Section 5 Below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	(ii) due maintenance specified in the applicable maintenance program for the aircraft has been completed within the time period specified; and * List Base Maintenance in Section 4 below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	(iii) every applicable airworthiness directive has been complied with in accordance with the requirements prescribed in Part 39; and * List applicable AD/SB accomplished since last maintenance review in Section 6 below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	(iv) every defect entered in the technical log has been rectified or properly deferred in accordance with the procedures in the certificate holder's exposition; and * List Deferral Usage since last maintenance review in Section 7 Below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	(v) every applicable certification for release-to-service has been made in accordance with Subpart C of Part 43.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Base Maintenance List since last Maintenance Review

[illegible]

Section 5. Modifications or Repairs recorded and STCs Incorporation List since last Maintenance Review

[illegible]

Section 6. Complied AD/SB list since last Maintenance Review

[illegible]

Section 7. Deferral usage list since last Maintenance Review

[illegible]

Section 8. CAR 135.415(b)(3)(v) Every applicable certification for release-to-service has been made in accordance with Subpart C of Part 43

Rule Reference	Description	Compliance			Remarks
		Yes	No	N/A	
43.101	Persons to certify release-to-service met all requirements of CAR 43.101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.103	Each applicable release-to-service certification met requirements of CAR 43.103	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.105	Each applicable release-to-service certification after maintenance met requirements of CAR 43.105	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.107	Before certifying an aircraft or component for release-to-service that includes inoperative instruments or equipment that are permitted to be inoperative under CAR 91.537 must meet CAR 43.107	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.113	Every applicable release-to-service certification that requires a duplicate safety inspection as described in CAR 43.113(a)(2) met all requirements of CAR 43.113	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.115	Every applicable release-to-service certification that requires an engine performance check as described in CAR 43.115(a) met all requirements of CAR 43.115	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 9. Confirmation statement of Maintenance Review.

Certify that the maintenance has been carried out by entering the following statement in the appropriate maintenance logbook with the person's signature. Authorization number, and the date of entry:

"The maintenance review for this aircraft and such of its equipment as is necessary for its continued airworthiness has been carried out in accordance with the requirements of Civil Aviation Rule 135.415."

I hereby certify that the Maintenance Review on the aircraft described in Section 1 has been carried out and entered maintenance review statement in the appropriate maintenance logbook in accordance with CAR 135.415.

Name: _____
 Authorization Number: _____
 Signature: _____

Date: _____

[Click here to enter a date.](#)

I hereby verify that the Maintenance Review on the aircraft described in Section 1 has been carried out in accordance with CAR 135.415.

Name of CEO: _____
 Signature: _____

Date: _____

[Click here to enter a date.](#)

Explanatory notes for completing the Maintenance review**Section 1**

The type certificate data sheet that the aircraft was type accepted into Mongolia under should be referred to, if applicable. These are listed on AC21-1.2. List the airframe, engine and propeller TCDS numbers and ensure that the aircraft conforms to its type certificate.

Automatic time in service recorder required by 91.509(b) – enter details only when a time in service recorder is fitted.

Maintenance program – refer 91.605(a) – the aircraft must be maintained to either an approved maintenance program, the manufacturer's program or an acceptable program as applicable. Ref AC91-14

Section 2

List appropriate certificates relating to the aircraft.

Section 3

Confirm Maintenance review has been completed in accordance with CAR 135.415(b).

Section 4

List base maintenance checks carried out on the aircraft since last maintenance review.

Section 5

List all modifications/repairs embodied since the last Review and check that any applicable conformity inspections have been carried out by an appropriately authorised person.

Section 6

List all Airworthiness Directives and Service Bulletins embodied since the last Review and check that any applicable conformity inspections have been carried out by an appropriately authorized person.

Section 7

All defects listed in this section will require a clearing maintenance action prior to further flight in accordance with the requirements of Part 91.603.

The IA must sight satisfactory certified maintenance entries for all defects prior to certifying the Review.

Section 8

Confirm that the certifications for release-to service has been produced in accordance with CAR 43.

Section 9

Confirm that the maintenance review has been completed by writing a written statement to the aircraft maintenance logbook.



Иргэний нисэхийн ерөнхий газрын даргын
2023 оны 2 дугаар сарын 13-ны өдрийн
4/58 дугаар тушаалын 13 дугаар хавсралт

Report an Occurrence – Regulated Air Cargo Agents

The CAA encourages reporting of all security-related incidents or concerns, even when these may not reach the formal requirements for reporting under Part 12. Details of security occurrences help the CAA identify threats or risks to the aviation sector.

We invite you to use this form to voluntarily report security incidents or concerns to the Security Regulation Unit which do not require formal reporting. Incidents or concerns include suspicious interactions, observations of security concern, or anything else that makes you feel uncomfortable.

Once received, the form will be assessed and assigned to a member of the Security Regulation Unit who will contact you.

Complete all sections as fully as you can, send additional pages if required.

Name			
Position			
Company			
CAA participant number (if known)		Date	Click here to enter a date.
Tel		Email	
Postal address			

Details of Occurrence

Date	Click here to enter a date.	Time	
Location			

DESCRIPTION

Please describe the occurrence. Include details of **what** happened, **where** it happened, **when**, and **who** was involved. If you know **how** or **why**, please include that as well.

Please email or post this form to:

Email: aga@mcaa.gov.mn & report@mcaa.gov.mn

Post: AGA, Civil Aviation Authority, P.O-34, Box-6, Ulaanbaatar 17120, Mongolia

Further enquiries: +976 71282027

Иргэний нисэхийн ерөнхий газрын даргын
2023 оны 03 дугаар сарын 03 ны өдрийн
А/56 дугаар тушаалын 14 дүгээр хавсралт



Application to Change the Registration Mark of a Mongolian Registered Aircraft

Application requirements and instructions for completing this application form

- Please ensure all sections of this application form are completed.
- Entries should be typed or printed in block letters.
- Section 2 requires original documents to be returned to the CAA.
- Incomplete application forms or unpaid fees (if applicable) cannot be processed and may cause delays in processing while follow up information is sought.
- N/A
- Submit the completed application form by emailing: awd@mcaa.gov.mn
Courier original documents to: AWD, Civil Aviation Authority, P.O-34, Box-6, Ulaanbaatar 17120, Mongolia

1. Aircraft details (details shown on the manufacturers data plate on the aircraft)

Current Aircraft Registration Mark:

JU-

Serial Number:

Manufacturer:

Model:

Aircraft Registration Marks

If you are requesting allocation of a particular mark please contact awd@mcaa.gov.mn to ensure the mark is available.

I/we request that the current registration mark be changed to the aircraft registration mark listed below:

☐ Please allocate the next mark on the Register

☐ The following mark has already been reserved

JU-

☐ I request reservation and allocation of the following mark

JU-

☐ Please re-reserve current registration mark

JU-

2. Original documents required by CAA

The following original documents are required to be returned by courier to the Aircraft Registrar at CAA for re-issue and amendment to the changed aircraft registration mark.

Certificate of Registration

Certificate of Airworthiness / Flight Permit

Either retain a certified copy or send in the previous Certificates after the new Certificates are issued.

3. Date of change requested

The Aircraft Registrar will deliver the change of mark for the aircraft. The aircraft may not be operated while the change of mark is being processed and until the maintenance actions are completed.

I/we request that the aircraft change of mark be processed on: (date) [Click here to enter a date.](#)

At least five working days' notice is required. The Aircraft Registrar will contact you to confirm whether this request can be accommodated.

Name of the person for the re-issued aircraft documents to be returned to:

(e.g. your engineer or maintenance provider)

Postal address of the person named above for the re-issued aircraft documents to be returned to:

Mobile:

Email:

Name and signature of the registered owner or person(s) authorised to make this change on behalf of the registered owner(s) or organisation:

(The person in possession of / operating the aircraft and registered on the aircraft register as owner)

Note: Maintenance providers and/or aircraft sales agents cannot sign this form on behalf of the registered owner of the aircraft unless they have a Power of Attorney or similar legal authority.

Name:

Position/Title:
(if applicable)

Signature:

Date:

[Click here to enter a date.](#)

4. Fees and payment - N/A

Your responsibilities as a holder of an Aircraft Certificate of Registration

To change the registration mark on a Mongolian registered aircraft the following actions will need to be taken. *(All the original documents and records will need to be transferred to the new registration mark and re-issued accordingly)*

- **The registration marks** on the aircraft will have to be changed. New marks must be displayed in accordance with Part 47.109 - 121.
- **The fireproof identification plate** required by Part 47.119, will have to be changed.

If, in addition to the required fireproof identification plate, the manufacturer's data plate has also been inscribed with the current registration, this mark should be scribed through. The new registration mark need not be added - the Part 47.119 identification plate serves this purpose.

No changes may be made to the manufacturer's data plate without prior written authorisation from the Director.

- **Logbooks** - The appropriate changes should be made by your engineer or maintenance provider. A loose-leaf entry will be provided by the CAA on the date of the changeover for insertion in the aircraft logbook. Copies can be inserted in the engine and propeller logbooks, as appropriate. The loose leaf logbook entry will also serve to authorise deletion of the registration marks from the manufacturer's data plate, where applicable. This action will ensure that details of the change of registration are recorded in a standard way, if the maintenance records are audited in the future.

- **Aircraft Documents** – The CAA 2129 Radio Station Approval Levels form, the CAA 2173 Weight and Balance Form and the Tech Log in the Flight Manual will need to be amended or re-issued with the new registration mark details. CAA will provide a new Flight Manual CAA Cover Page.
- If the aircraft is used on an **Air Operator Certificate**, both the Operator Maintenance Manual and Operations Specifications will need amendment. A separate Part 119 amendment application will need to be submitted to the Certification, Organisations unit.
- **Emergency Location Transmitter (ELT) registration** needs to be updated with SARICC Mongolia as required by Part 91.529.
- If transmitting **Flight Information** via a transponder or other avionic device this needs to be amended to the new aircraft registration mark (Flight ID).



Иргэний нисэхийн ерөнхий газрын даргын
2023 оны 03 дугаар сарын 15-ны өдрийн
А/Б... дугаар тушаалын 15 дугаар хавсралт

APPLICATION FOR EMPLOYMENT

1	Position Applied For	
2	Organisation unit	

Personal Details

3	Family Name		4	Surname		5	Given Name	
6	Phone Number				7	Other Phone Number		
8	Physical Address							
9	Email Address							
10	Facebook / Twitter Username (optional)							

The following information is required to assist us in meeting our obligations under the Health and Safety Employment Act 2008 and the Labor law 1999. It will also help us to assess your ability to do the job.

11	Do you agree to undergo a medical examination if required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Do you have any medical conditions or disabilities, or are you aware of any other circumstances or difficulties you experience or have experienced in the past that may prevent you from carrying out the duties of the position in a satisfactory manner or that may be further aggravated by undertaking the tasks of the position? (Please read the job description for a full list of tasks). This includes any gradual process injury you may have suffered, and any difficulties you may have in focusing or concentrating in an open plan environment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details		

An eligible individual is deemed to have no criminal record for the purposes of any question asked of them about their criminal record. You can confirm whether you are an eligible individual under that legislation by contacting the 'privacy assistant' at the Ministry of Justice and Home Affairs for information provided by State electronic data exchange system.

If you are an eligible individual you are entitled to answer 'NO' to the 13th question below:

13	Have you ever been convicted of a criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Are you currently facing any pending criminal charges or investigations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Within the last 7 years have you been investigated, arrested or charged in connection with a criminal, traffic or other regulatory offence (whether or not the matter resulted in a conviction or not)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details below including confirmation of the outcome or current status of the matter(s) concerned:		
16	Do you authorise the CAA to seek and receive a current Ministry of Justice and Home Affairs conviction report and/or a Demerit Points and Suspension History report and/or a full credit check pertaining to you, or make inquiries with Mongolian Police or other relevant government agencies, if it is deemed necessary for the CAA to access such information for the purposes of advancing your application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17	I give consent for CAA to confirm the qualifications that I have included in my CV with the academic institution from which they were obtained.	Yes <input type="checkbox"/> No <input type="checkbox"/>

18	<p>Declaration of Interest (please tick one)</p> <p><i>A potential conflict of interest could arise from any involvement in, obligation to, or financial interest in the aviation industry or another industry related to this position. A potential conflict could also arise in the event you have or are considering entering into other employment concurrently with employment with CAA.</i></p> <p><i>Note, most potential conflicts are able to be managed and will not automatically prevent you from being considered for the position you are applying for.</i></p>
<input type="checkbox"/> I have the following financial or non-financial interests in, or related directly or indirectly to the aviation industry or other industries related to this position (Specify the nature of interest and any position held; continue on separate sheet as required)	
<input type="checkbox"/> I will continue to be employed by, or provide services to, the following, should I obtain employment with CAA (specify the organisation and nature of duties or services; continue of separate sheet as required)	
<input type="checkbox"/> I have no financial or non-financial interests in, or related directly or indirectly to the aviation industry	

19	What is your entitlement to work in Mongolia? <i>(evidence of entitlement must be provided)</i>	
<input type="checkbox"/> Mongolian Citizen	<input type="checkbox"/> Permanent Resident of Mongolia	
<input type="checkbox"/> Citizen of	<input type="checkbox"/> Permanent Resident of	
<input type="checkbox"/> Working Visa	Expiry Date: Click here to enter a date.	
<input type="checkbox"/> Other Visa <i>(please provide details)</i>		
<input type="checkbox"/> I am not currently entitled to work in Mongolia		

Please visit www.immigration.gov.mn for more information.

20	Would you like a whanau interview**?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**A whanau interview provides an opportunity to bring some support to your interview. During a whanau interview your supporters may wish to speak on your behalf although the panel will want to hear from and talk, mostly to you. If you would like a whanau interview, please let us know so we can arrange it for you.*

21	Where did you first see the advertisement for this vacancy?	
<input type="checkbox"/> CAA Website	<input type="checkbox"/> Government Jobs (ubbirj.ub.gov.mn)	
<input type="checkbox"/> LinkedIn	<input type="checkbox"/> Other	
<input type="checkbox"/> Aviation Industry website – please list here:		
<input type="checkbox"/> Recruitment Agency – please list here:		

I understand that if I am employed by the Civil Aviation Authority I will be expected to act in the Civil Aviation Authority's best interest and maintain confidentiality of all information and material.

I declare that the answers I have given above are full, true and correct. I fully understand that if I am successful in obtaining employment, any subsequently discovered falsification of information or failure to fully and clearly disclose information that would have been material to the Civil Aviation Authority's decision to appoint me, may result in dismissal.

<input type="checkbox"/> I agree	Date: Click here to enter a date.	Signature:
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Referees

Please provide the names of three people who could act as referees for you. At least two of these should be able to attest to your paid or unpaid work performance, preferably in respect of your most recent employment posts.

Please note referees supplied will not be contacted without your consent.

Referee One

Name:	Company:
Position:	Email:
Preferred contact number:	Relationship to candidate:

Referee Two

Name:	Company:
Position:	Email:
Preferred contact number:	Relationship to candidate:

Referee Three

Name:	Company:
Position:	Email:
Preferred contact number:	Relationship to candidate:

I consent to Civil Aviation Authority seeking verbal information about me from the referees I have nominated and authorise the information requested to be released. I understand that the information provided by my nominated referees will constitute evaluative information for the purposes of the Privacy Act 1995, and unless a referee otherwise specifies, will be provided to the Civil Aviation Authority on the express understanding and expectation of confidence.

Signature:

Date: [Click here to enter a date.](#)