**Application for a Temporary Escalation of an Approved**

**Maintenance Programme**

Note: The CAA Standard Rate hourly charge applies, please ensure the document is complete prior to submission to enable efficient processing.

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| Approval No.: | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **1. Application *(Operator to complete)*** | | | | | | | | | | | | | | | | | | | | | | *CAA Use Only* | | | | |
| **OPERATOR** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator Name | | | | |  | | | | | | | | | | | Client ID | | | |  | | | | | | |
| Maintenance Programme ID | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Maintenance Controller Name | | | | |  | | | | Signature | | |  | | | | | | | | | Date | |  | | | |
| Quality/Safety Manager Name | | | | |  | | | | Signature | | |  | | | | | | | | | Date | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aircraft Type | | |  | | | | TTIS |  | | | | | | Registration | | | |  | | | | | | |
| Component/ Product | | | Description | | |  | | | | | | | | Part No | | | |  | | | | | | |
| Serial No | | |  | | | | | | | | Date of Mfr | | | |  | | | | | | |
| Date Installed | | |  | | | TSN Hours |  | | | TSN Calendar | | | |  | | | | TSN Cycles | | | | | |  |
| Date Overhauled | | |  | | | TSO Hours |  | | | TSO Calendar | | | |  | | | | TSO Cycles | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nature of extension including any CAR’s affected: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Period of validity required: | | | | Calendar date | | |  | | | | | | | | Hours | | | |  | | | | | | |
| Supporting documentation:  *Supporting documentation for extension should include evidence of type certificate holder assessment/approval, release certificate from most recent overhaul/manufacture as applicable, and details of any other extensions currently applied to the aircraft. The operator should ensure that no other life limits, A/D’s etc are affected, including for component subassemblies.* | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Proposed mitigations to ensure operational safety during extension period:  *The operator should consider the risk involved with continued operation beyond the manufacturers recommended period and provide mitigating maintenance/operational actions where relevant.* | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MAINTENANCE PROVIDER RECOMMENDATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organisation/ LAME | |  | | | | | Contact Name | | | |  | | | | Title | | | |  | | | | | | |
| *Operator’s maintenance provider to provide a statement as to the components suitability for operating extension.* | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***Note****: The charges associated with this application will be invoiced to the registered owner of the aircraft identified above unless requested otherwise. Please complete all sections of the application form prior to submission, CAA time spent in correspondence requesting further information is considered chargeable.* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Assessment** ***(To be completed by the CAA)*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation or remarks: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Approval granted as requested, subject to the following conditions: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***Notes:*** *Logbook/maintenance documentation action to quote approval number.  For this extension to remain in force, the aircraft must continue to be maintained to the approved maintenance programme identified above.* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assessed by: | ................................................. | | | | | | (Airworthiness Inspector) | | | | | | Signature: | | | | .............................................. | | | | | | | | |
| Date: | ................................................. | | | | | |  | | | | | | Work Request No.: | | | | .............................................. | | | | | | | | |

**Scan the completed form and email** [**certification@caa.govt.nz**](mailto:certification@caa.govt.nz) or post to Civil Aviation Authority,   
PO Box 3555, Wellington 6140, New Zealand