

KCASR AMENDMENT/PROPOSAL FORM

KP: -

Section (I): For Applicant Use

Amendment New Proposal

KCASR Number: Title:

KCASR Part / Volume No: Attachments: Yes No

Page(s) No(s):

Description:

References:

Note: (If additional space is required, please attach sheet)

Other KCASR Parts Affected YES NO (If YES Please Specify)

Name: Signature:

Designation: Date:

Name: Signature:
(Immediate Supervisor)

Designation: Date:

Organization/Division:

E-Mail: Contact No.:

KP: -

Section (II): For Standards and Safety Regulations Division Use

No-Objection **Restriction** **Objection**

Remarks:

Last Rev. No: _____ Date: _____ I _____ (NPA 20 -.....)

Minor Amendment: Requires ASD Director Approval

Major Amendment: Yes: No:

DGCA/ASD Regulator: _____ Signature: _____

Date: _____

Head of Standards and Safety Regulations: _____ Signature: _____

Date: _____

Section (III): For ASD Director

ASD Director

PROPOSAL APPROVED **PROPOSAL REJECTED**

Remarks:.....
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.....
.....

Aviation Safety Director: _____ Signature: _____

Date: _____