

Application For Issue / Renewal / Variation of ATM STD / ATM STD Instructor

PL 109B

Model / Serial No Software Name Version Number Trainer Location Applicant Sign: Name: Date: FOR OFFICIAL USE ONLY RECOMMENDATIONS BY INSPECTOR Date of Inspection: 1. Recommend initial approval 2. Recommend renewal of approval 3. Recommend approval amendment/variation as follows: Approval NOT recommended for the following reasons Signed: Date: Name of Inspector: MPEL Approved Yes No	Operator		Application for:	Issue		
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	Signed:		Date:			

ACCOUNTS SECTION

			Calculation	
Fee				
Time:	From			
:	То			
Travel:	From			
	То			
Transport				
Accommodation				
Overhead				
Receipt No.				
Date:	Date:			