



**Part 1**

PU Registration No: .....

Name of Applicant: .....

Aircraft (Type, Model and Reg. Mark): .....

Date/Time: .....

- Information on nature of defect/damage supplied Yes  No
- Justification/proposal to operate with PU supplied Yes  No
- Any pending/unacquitted ASR(s) Yes  No
- Is certification statement that deactivation of inoperative equipment with PU will not affect other systems or result in degradation or loss of performance required? Yes  No
- If yes, has that been provided? Yes  No
- CAR 35 delegate's assessment and/or temporary repair carried out, if required Yes  No
- M/R endorsed under CAR 50 Yes  No
- If the aircraft's M/R was endorsed under CAR 47, was any maintenance carried out? Yes  No

**Part 2**

**Section A. Defect Covered under MMEL**

Is the defect covered under the latest issue of the applicable MMEL for the aircraft type?

Yes  Specify conditions applicable:  
(O) Condition(s)  
(M) Condition(s)

**Go to Part 3**

No  Assess defect/damage.

**Go to Section B**

**Section B. Criteria for Assessment against Certification and Operational Standards**

- Is the equipment required by the Type Certificate or the aircraft equipment list? Yes  No
- Does operation of the aircraft with inoperative equipment contravene AFM? Yes  No
- Is the equipment required for type of operation—VFR/IFR? Yes  No
- Is the inoperative equipment required by CAR/CAO—ie, AD, etc? Yes  No
- Is the inoperative item operator-installed equipment—ie, Optional? Yes  No
- Is the equipment required for the intended flight? Yes  No

**Note:** If the answer to any of the above is YES, see MEL/PU Procedures Manual, Part 3, Section 3.1.3, (Methods of Justification) for safety analysis details and optional equipment.

### Section C. Safety Analysis

- Will the inoperative item increase crew workload? Yes  No
- Does the defective item interact with other system(s)? Yes  No
- Is the failure of backup to original PU item unacceptable? Yes  No
- Is performance degradation beyond acceptable limits of AFM? Yes  No
- If alternative means are based on redundancy, are redundancy aspects required by the Type Certificate? Yes  No

**Note:** If the answer to any of the above is YES, see MEL/PU Procedures Manual, Part 3, Section 3.1.3, (Methods of Justification) for safety analysis details and optional equipment.

#### Have the following been established to ensure acceptable safety?

- Operational restrictions Yes  No
- Other means:
  - Conditions/limitations imposed Yes  No
  - 'O' & 'M' items specified Yes  No
  - Validity period specified Yes  No
  - Placards specified Yes  No

### Part 3—Final Approval

Signed (FOI) .....

Name (FOI) .....

Date/Time .....

Signed (AWE) .....

Name (AWE) .....

Date/Time .....

Signed (CAR 37 delegate)

.....

Name (CAR 37 delegate)

.....

Date/Time .....