
 <b>CAA</b> هيئة الطيران المدني CIVIL AVIATION AUTHORITY	<b>Application for Rectification Interval Extension (R.I.E)</b>		Form	AWR OPS 047
			Revision	04
			Date	01 Feb 2026

PART 1 – MEL Defect				
1. Name of Operator		2. Date of Defect		
3. Aircraft Registration		4. Aircraft Type		
5. Tech Log / Defect Reference No:		6. Date MEL Applied:		
		7. MEL Reference No:		
8. Original Rectification Due Date:		9. Operational Impact: RVSM, ETOPS, LOW VIS etc.		
10. Detail of Defect		11. Previous Extension Granted: (If Yes)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
			Reference No. & Date	
			No: Date:	
12. Rectification Interval Category		13. Expiry Date of Rectification Interval		
14. Reason for not Rectifying (tick all that are applicable)	<input type="checkbox"/> Parts unavailability <input type="checkbox"/> Special tooling / equipment unavailability <input type="checkbox"/> Maintenance access / location constraint <input type="checkbox"/> Other (specify):			
15. Detailed Justification (mandatory): (Include P/N, supplier status, confirmed delivery dates, maintenance planning constraints)				
16. Supporting evidences (tick all that are applicable)	<input type="checkbox"/> Purchase Order / AOG request <input type="checkbox"/> OEM NTO (if required) <input type="checkbox"/> Supplier or OEM correspondence <input type="checkbox"/> Maintenance planning extract <input type="checkbox"/> Other (specify):			

Part 2 – Declaration of R.I.E.			
17. Requested Extension Period	From Date:		To Date:
	Total Extension Duration (Days)		
	Target Rectification Date:		
18. Declarations	The applicant hereby declares that: a. The aircraft will be actively monitored during the extension period		

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	b. Rectification will be carried out at the earliest feasible opportunity c. No open findings, deferred defects, or combined MEL conditions exist that would compound the risk of continued operation d. All information provided in this application is complete and accurate.
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<b>19. CAMO MANAGER</b>
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<b>Name</b>			
<b>Signature</b>		<b>Date</b>	

<b>20. FLIGHT OPERATIONS MANAGER</b>
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<b>Name</b>			
<b>Signature</b>		<b>Date</b>	

<b>Part 3 – AUTHORIZATION – CAA USE ONLY</b>
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<b>21. R.I.E. Authorization No.</b>			
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<b>22. Duration of R.I.E. Authorized (Days)</b>		<b>23. Due Date</b>	
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<b>24. AWI Comments</b>
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<b>25. Authorizing AWI</b>
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<b>Name</b>	<b>Signature</b>	<b>Date</b>

<b>26. FOI Comments</b>
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<b>27. Authorizing FOI</b>
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<b>Name</b>	<b>Signature</b>	<b>Date</b>