

**SİVİL HAVACILIK GENEL MÜDÜRLÜĞÜ**

SHGM FORM 13

**SHY-M Sürekli Uçuşa Elverişlilik Yönetimi Kuruluşu Onayı***Continuing Airworthiness Management Organisation Approvals*

İlk Yetki <i>Initial Grant</i>	<input type="checkbox"/>	Ara Denetleme <i>Intermediate audit</i>	<input type="checkbox"/>	Değişiklik <i>Change</i>	<input type="checkbox"/>	Devam <i>Continuation</i>	<input type="checkbox"/>
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Kuruluşun Adı / <i>Name of Organisation:</i>	
Onay Referansı / <i>Approval Reference:</i>	
Form 13 Referansı / <i>Form 13 Reference:</i>	

**Bölüm 1 Genel / Part 1: General**Kuruluşun Posta Adresi / *CAMO's postal address:*Kuruluşun email Adresi / *CAMO's email address:*Kuruluşun Yönetim Binası Adresi / *Principal Place of Business:*Kuruluşun Denetlenen Adresleri  
*Address of Facility(ies) Audited:*

Gözetim Periyodu <i>Surveillance Cycle</i>	Başlangıç <i>From</i>		Bitiş <i>To</i>	
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Denetleme Referansı <i>Audit Reference</i>	1		2		3
	4		5		6

Denetleme Tarihleri <i>Date(s) of Audit</i>	1		2		3
	4		5		6

Denetleme türü <i>Type of audit (on site, desktop)</i>	1		2		3
	4		5		6

Denetleme Amacı <i>Nature of Audit (initial, change..)</i>	1		2		3
	4		5		6

Görüşülen Personel  
*Person(s) Interviewed*

Tavsiyeyi Yapan Personelin İsimleri <i>Name of recommending staff(s)</i>			
Tavsiyeyi Yapan Personelin İmzaları <i>Signature of recommending staff(s)</i>			

Form 13 Bölüm 1 doldurulma tarihi <i>Date of Form 13, part 1 completion</i>	
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Genel Müdürlük Birimi <i>SHGM Office</i>	
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**SİVİL HAVACILIK GENEL MÜDÜRLÜĞÜ**

SHGM FORM 13

**SHY-M Sürekli Uçuşa Elverişlilik Yönetimi Kuruluşu Onayı***Continuing Airworthiness Management Organisation Approvals*

İlk Yetki <i>Initial Grant</i>	<input type="checkbox"/>	Ara Denetleme <i>Intermediate audit</i>	<input type="checkbox"/>	Değişiklik <i>Change</i>	<input type="checkbox"/>	Devam <i>Continuation</i>	<input type="checkbox"/>
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Kuruluşun Adı / *Name of Organisation:*Onay Referansı / *Approval Reference:*Form 13 Referansı / *Form 13 Reference:***Part 2: SHY-M Compliance Audit Review**

The five columns may be labelled and used as necessary to record the approval class &/or product line reviewed. Against each column used of the following Part-M/SHT-M please either tick (✓) the box if satisfied with compliance or cross (✗) the box if not satisfied with compliance and specify the reference of the Part 4 finding next to the box or enter N/A where an item is not applicable or N/R when applicable but not reviewed.

Para	Subject	Finding n°	Finding n°	Finding n°	Finding n°	Finding n°
M.A 703	Extent of approval					
M.A 704	Continuing airworthiness management exposition (see Part 3)					
M.A 705	Facilities					
M.A 706	Personnel requirements					
M.A 707	Airworthiness review staff					
M.A 708	Continuing airworthiness management					
M.A 201	Responsibilities					
M.A 202	Occurrence reporting					
M.A 302	Aircraft maintenance programme					
M.A 303	Airworthiness directives					
M.A 304	Data for modifications and repairs					
M.A 305	Aircraft continuing airworthiness record system					
M.A 306	Operator's technical log system					
M.A307	Transfer of aircraft continuing airworthiness records					
M.A709	Documentation					
M.A.710	Airworthiness review					
M.A.711	Privileges of the organisation					
M.A.712	Quality system					
M.A.713	Changes to the approved continuing airworthiness organisation					
M.A.714	Record keeping					
M.A.716	Findings					

Tavsiyeyi Yapan Personelin İsimleri  
*Name of recommending staff(s)*Tavsiyeyi Yapan Personelin İmzaları  
*Signature of recommending staff(s)*Form 13 Bölüm 2 doldurulma tarihi / *Date of Form 13, part 2 completion*Genel Müdürlük Birimi  
*SHGM Office*



İlk Yetki Initial Grant	<input type="checkbox"/>	Ara Denetleme Intermediate audit	<input type="checkbox"/>	Değişiklik Change	<input type="checkbox"/>	Devam Continuation	<input type="checkbox"/>
Kuruluşun Adı / Name of Organisation:							
Onay Referansı / Approval Reference:							
Form 13 Referansı / Form 13 Reference:							

**PART 3: Compliance with SHT-M Continuing Airworthiness Management Organisation Manual (CAME/SEK)**

Please either tick (✓) the box if satisfied with compliance; or cross (X) if not satisfied with compliance and specify the reference of the Part 4 finding; or enter N/A where an item is not applicable; or N/R when applicable but not reviewed.

**Part 0 General**

- |     |                          |   |
|-----|--------------------------|---|
| 0.1 | <input type="checkbox"/> | Corporate commitment by the accountable manager.  |
| 0.2 | <input type="checkbox"/> | General information.  |
| 0.3 | <input type="checkbox"/> | Management personnel.   |
| 0.4 | <input type="checkbox"/> | Management Organisation Chart.  |
| 0.5 | <input type="checkbox"/> | Notification procedure to the competent authority regarding changes to the organisation's activities / approval / location / personnel. |
| 0.6 | <input type="checkbox"/> | Exposition amendment procedures.  |

**Part 1 Continuing airworthiness management procedures**

- |      |                          |   |
|------|--------------------------|---|
| 1.1  | <input type="checkbox"/> | Aircraft technical log utilisation and MEL application (commercial air transport).<br>Aircraft continuing airworthiness record system utilisation (non commercial air transport). |
| 1.2  | <input type="checkbox"/> | Aircraft maintenance programmes – development amendment and approval.   |
| 1.3  | <input type="checkbox"/> | Time and continuing airworthiness records, responsibilities, retention, access.   |
| 1.4  | <input type="checkbox"/> | Accomplishment and control of airworthiness directives.   |
| 1.5  | <input type="checkbox"/> | Analysis of the effectiveness of the maintenance programme(s).  |
| 1.6  | <input type="checkbox"/> | Non mandatory modification embodiment policy.   |
| 1.7  | <input type="checkbox"/> | Major modification standards.   |
| 1.8  | <input type="checkbox"/> | Defect reports.   |
| 1.9  | <input type="checkbox"/> | Engineering activity.   |
| 1.10 | <input type="checkbox"/> | Reliability programmes.   |
| 1.11 | <input type="checkbox"/> | Pre-flight inspections.   |
| 1.12 | <input type="checkbox"/> | Aircraft weighing.  |
| 1.13 | <input type="checkbox"/> | Check flight procedures.  |

**Part 2 Quality system**

- |     |                          |  |
|-----|--------------------------|--|
| 2.1 | <input type="checkbox"/> | Continuing airworthiness quality policy, plan and audits procedure.  |
| 2.2 | <input type="checkbox"/> | Monitoring of continuing airworthiness management activities.  |
| 2.3 | <input type="checkbox"/> | Monitoring of the effectiveness of the maintenance programme(s).   |
| 2.4 | <input type="checkbox"/> | Monitoring that all maintenance is carried out by an appropriate maintenance organisation.   |
| 2.5 | <input type="checkbox"/> | Monitoring that all contracted maintenance is carried out in accordance with the contract, including sub-contractors used by the maintenance contractor. |
| 2.6 | <input type="checkbox"/> | Quality audit personnel.   |

**Part 3 Contracted maintenance**

- |     |                          |   |
|-----|--------------------------|---|
| 3.1 | <input type="checkbox"/> | Maintenance contractor selection procedure. |
| 3.2 | <input type="checkbox"/> | Detailed list of maintenance contractors    |
| 3.3 | <input type="checkbox"/> | Quality audit of aircraft.                  |



İlk Yetki Initial Grant	<input type="checkbox"/>	Ara Denetleme Intermediate audit	<input type="checkbox"/>	Değişiklik Change	<input type="checkbox"/>	Devam Continuation	<input type="checkbox"/>
Kuruluşun Adı / Name of Organisation:							
Onay Referansı / Approval Reference:							
Form 13 Referansı / Form 13 Reference:							

**PART 3: Compliance with SHT-M Continuing Airworthiness Management Organisation Manual (CAME/SEK)**

Please either tick (✓) the box if satisfied with compliance; or cross (X) if not satisfied with compliance and specify the reference of the Part 4 finding; or enter N/A where an item is not applicable; or N/R when applicable but not reviewed.

**Part 4 Airworthiness review procedures**

- |     |                          |  |
|-----|--------------------------|--|
| 4.1 | <input type="checkbox"/> | Airworthiness review staff.  |
| 4.2 | <input type="checkbox"/> | Review of aircraft records.  |
| 4.3 | <input type="checkbox"/> | Physical survey.   |
| 4.4 | <input type="checkbox"/> | Additional procedures for recommendations to competent authorities for the import of aircraft. |
| 4.5 | <input type="checkbox"/> | Recommendations to competent authorities for the issue of airworthiness review certificates    |
| 4.6 | <input type="checkbox"/> | Issuance of airworthiness review certificates  |
| 4.7 | <input type="checkbox"/> | Airworthiness review records, responsibilities, retention and access.                          |

**Part 4B Permit to fly procedures**

- |      |                          |  |
|------|--------------------------|--|
| 4B.1 | <input type="checkbox"/> | Conformity with approved flight conditions                     |
| 4B.2 | <input type="checkbox"/> | Issue of permit to fly under the CAMO privilege                |
| 4B.3 | <input type="checkbox"/> | Permit to fly authorised signatories                           |
| 4B.4 | <input type="checkbox"/> | Interface with the local authority for the flight              |
| 4B.5 | <input type="checkbox"/> | Permit to fly records, responsibilities, retention and access. |

**Part 5 Appendices**

- |     |                          |   |
|-----|--------------------------|---|
| 5.1 | <input type="checkbox"/> | Sample Documents.   |
| 5.2 | <input type="checkbox"/> | List of airworthiness review staff  |
| 5.3 | <input type="checkbox"/> | List of subcontractors as per M.A.711 (a) 3 and AMC M.A.201 (h)1.           |
| 5.4 | <input type="checkbox"/> | List of approved maintenance organisations contracted.                      |
| 5.5 | <input type="checkbox"/> | Copy of contracts for sub-contracted work (appendix 2 to AMC M.A.201 (h)1). |
| 5.6 | <input type="checkbox"/> | Copy of contracts with approved maintenance organisations.                  |

Tavsiyeyi Yapan Personelin İsimleri Name of recommending staff(s)			
Tavsiyeyi Yapan Personelin İmzaları Signature of recommending staff(s)			
Form 13 Bölüm 3 doldurulma tarihi / Date of Form 13, part 3 completion			
Genel Müdürlük Birimi SHGM Office			



İlk Yetki Initial Grant	<input type="checkbox"/>	Ara Denetleme Intermediate audit	<input type="checkbox"/>	Değişiklik Change	<input type="checkbox"/>	Devam Continuation	<input type="checkbox"/>
Kuruluşun Adı / Name of Organisation:							
Onay Referansı / Approval Reference:							
Form 13 Referansı / Form 13 Reference:							

**Part 4: Findings SHY-M Compliance Status**

Each level 1 and 2 finding should be recorded whether it has been rectified or not and should be identified by a simple cross reference to the Part 2 requirement. All non-rectified findings should be copied in writing to the organisation for the necessary corrective action.

	SHT-M ref.	Audit Reference(s) / Findings	L e v e l	Corrective Action or Corrective Action Plan acceptance		
				Date Due	Date Closed	Reference
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

Tavsiyeyi Yapan Personelin İsimleri Name of recommending staff(s)			
Tavsiyeyi Yapan Personelin İmzaları Signature of recommending staff(s)			
Form 13 Bölüm 4 doldurulma tarihi / Date of Form 13, part 4 completion			
Genel Müdürlük Birimi SHGM Office			



İlk Yetki Initial Grant	<input type="checkbox"/>	Ara Denetleme Intermediate audit	<input type="checkbox"/>	Değişiklik Change	<input type="checkbox"/>	Devam Continuation	<input type="checkbox"/>
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Kuruluşun Adı / Name of Organisation:

Onay Referansı / Approval Reference:

Form 13 Referansı / Form 13 Reference:

**Bölüm 5: SHY-M Onay Tavsiyesi** Part 5: SHY-M Approval Recommendation

Ara denetim için bu bölümün doldurulması gerekmemekte Not required for intermediate audit report

Talep Edilen Yetki /SHGM Form 2M tarihi  
Requested Approval Rating / SHGM Form 2M(s) date(s):

**İlk Yetkilendirme / Initial Grant**

Bu kuruluş için tavsiye edilen yetki kapsamı detayı SHGM Form 13'ün 6ncı bölümünde yer almaktadır.  
The SHY-M scope of approval recommended for this organisation is detailed in the SHGM Form 13 - Part 6

**Değişiklik / Change**

Son Yetki Belgesi SHGM Form 14'ün Tarih ve Revizyonu  
Date and revision of the last SHGM Form 14 Certificate

Tavsiye edilen değişiklik Yetki Belgesi SHGM Form 14'te değişiklik gerektiriyor mu?  
Does the recommended change require the amendment of the SHGM Form 14 certificate

Evet Hayır  
Yes No

Cevap "Evet" ise tavsiye edilen yetki kapsamı detayı SHGM Form 13'ün 6ncı bölümünde yer almaktadır.  
If yes, only the change to the SHY-M scope of approval recommended is detailed in the SHGM Form 13 - Part 6

**Devam / Continuation**

SHGM Form 14:

Kuruluşun yukarıda belirtilen Yetki Belgesi SHGM Form 14 üzerinde belirtilen yetkilerinin devam etmesi tavsiye edilmektedir.

It is recommended that the SHY-M scope of approval specified in above mentioned SHGM Form 14 be continued.

**Suspension / limitation**

The suspension is recommended in the SHGM Form 13 part 6:  
and/or

The following Limitation is recommended:

**Re-instatement**

It is recommended to re-instate the scope of approval listed in the SHGM Form 13 part 6

**Additional comment(s) to support the recommendation:**

Tavsiyeyi Yapan Personelin İsimleri  
Name of recommending staff(s)

Tavsiyeyi Yapan Personelin İmzaları  
Signature of recommending staff(s)

Form 13 Bölüm 5 doldurulma tarihi / Date of Form 13, part 5 completion

Genel Müdürlük Birimi  
SHGM Office

Form 13 Kalite Kontrol Değerlendirmesi Form 13 Review for Quality Check by	İsim/Name	İmza/Signature	Tarih/Date



İlk Yetki Initial Grant	<input type="checkbox"/>	Ara Denetleme Intermediate audit	<input type="checkbox"/>	Değişiklik Change	<input type="checkbox"/>	Devam Continuation	<input type="checkbox"/>
Kuruluşun Adı / Name of Organisation:							
Onay Referansı / Approval Reference:							
Form 13 Referansı / Form 13 Reference:							

**Bölüm 6: SHY-M Onay Kapsamı** Part 6: SHY-M Scope of Approval

Aircraft type/series/group	Airworthiness review authorization	Permits to fly authorization	Organization(s) working under Quality System	Status (1)

(1) **N**: new - **C** : cancelled - **SU** : suspended - **RI** : re-instated - **NA** : not applicable