



# General Direction Submission Form

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Email completed form to: [PEL@mcaa.gov.mn](mailto:PEL@mcaa.gov.mn)

Title of Proposed GD			
Reference			
Date of this submission		Submission close-off date	

Please indicate your acceptance, or otherwise, of the proposal by checking the boxes below.

Any additional constructive comments, or suggested amendments will be welcome.

The proposal is acceptable without change.

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The proposal is acceptable but would be improved if the following changes were made:

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The proposal is not acceptable, but would be acceptable if the following changes were made (explanatory comment must be provided).

- The proposal is not acceptable under any circumstances (explanatory comment must be provided).

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Additional Information supporting your submission:

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**Individual Details** (complete if you are submitting personally)

Name			
CAA Client No.			
Address			
City			
Phone		Fax	
Mobile		Email	

**Organisation Details** (complete if you are submitting on behalf of your organisation)

Organisation			
CAA Client No.			
Address			
City			
Your Name		Position	
Phone		Fax	
Mobile		Email	

Email completed form to: [PEL@mcaa.gov.mn](mailto:PEL@mcaa.gov.mn)

If email is not available, please post or fax:

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