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|  | FORM  FORM-M-PEL 011  **August 2019** |

**APPLICATION FORM FOR ISSUE OR RENEWAL OF CABIN CREWMEMBER CERTIFICATE**

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| **Application Type (Please tick the appropriate box):** |
| I am applying for; Cabin Crewmember Certificate (CMC) |
| ☐ Initial Issue |
| ☐ Renewal Licence No: Date of Issue: |

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| **Applicant details:** | | | | | | | | |
| Name (as it appears on ID/Passport): | | | | | | | | |
| Date of Birth: | | | Age (Min.18): | | | | | |
| Gender: ☐ Male ☐ Female | | | Postal Address: | | | | | |
| Email address: | | | | | | | | |
| ID/Passport No: | | | Nationality: | | | | | |
| Licence held: | | | Phone Number: | | | | | |
|  | | | | | | | | |
| **Medical Certificate Details:** | | | | | | | | |
| Class of Medical: | Date of Medical: | | Expiry date: | | Name of AME: | | | |
|  |  | |  | |  | | | |
|  | | | | | | **PEL Inspector** | | |
| ☐ **For Initial Issue:** | | **Date** | | **Valid Until** | | **S** | **N/S** | **N/A** |
| Date of Knowledge Test | |  | |  | |  |  |  |
| Date of Practical Test | |  | |  | |  |  |  |
|  | |  | |  | |  |  |  |
| ☐ **For Renewal:** | |  | |  | |  |  |  |
| Date of last annual safety and emergency procedure training (SEPT): (dd/mm/yyyy) | |  | |  | |  |  |  |
| **Aircraft Type rating already held: (For both initial issue and renewal)** | | | | | | | | |
| **Aircraft** | | **Date of Issue / Renewal training** | | | | **Valid Until** | | |
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| **Attachments:** | | | | | | | | |
| **☐ For Initial Issue:** | | **☐ For Renewal:** | | | | | | |
| ☐ A copy of Medical certificate class 2 | | ☐ A copy of Medical certificate class 2 | | | | | | |
| ☐ Two Passport size photos | | ☐ Copies of the first 2 pages of the competency book | | | | | | |
| ☐ A copy of ID/Passport | |  | | | | | | |
| ☐ Copies of the first 2 pages of the competency book | |  | | | | | | |
| ☐ A copy of the first aid certificate | |  | | | | | | |
| ☐ Copies of Knowledge and Practical tests done | |  | | | | | | |
| ☐ Copy of First Aid certificate | |  | | | | | | |
| **Chief Pilot Name:** | | **Signature of Chief Pilot and Company Stamp:** | | | | | | |
| **Declaration:** | | | | | | | | |
| I declare to the best of my knowledge and belief, that the information given in this application and attachments are complete and correct. | | | | | | | | |
| Signature: | | Date: | | | | | | |

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| **For Official Use Only:** |
| Fees: Receipt No.: |
| Date: **☐ HQ ☐ WAP ☐ MSA** |
| PEL Inspector’s Name: |
| Signature: |

**Note: S- Satisfactory, N/S- Unsatisfactory, N/A- Not Applicable**