

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

<b>Application Type (Please tick the appropriate box):</b>		
I am applying for; Cabin Crewmember Certificate (CMC)		
<input type="checkbox"/> Initial Issue		
<input type="checkbox"/> Renewal	Licence No:	Date of Issue:
<input type="checkbox"/> Re-issue	Licence No:	Date of Issue:

<b>Applicant details:</b>	
Name (as it appears on ID/Passport):	
Date of Birth:	Age (Min.18):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:
Postal Address:	
Email address:	
ID/Passport No:	Nationality:
Company:	

<b>Medical Certificate Details:</b>			
<b>Class of Medical:</b>	<b>Date of Medical:</b>	<b>Expiry date:</b>	<b>Name of AME (Doctor):</b>

	Date	Valid Until	PEL Inspector		
			S	N/S	N/A
<input type="checkbox"/> <b>For Initial Issue:</b>					
Date of Knowledge Test					
Date of Practical Test					
Date of first annual Safety and Emergency Procedure Training (SEPT): (dd/mm/yyyy)					
<input type="checkbox"/> <b>For Renewal:</b>					
Date of last annual Safety and Emergency Procedure Training (SEPT): (dd/mm/yyyy)					

<b>Aircraft Type rating already held: (For both initial issue and renewal)</b>		
<b>Aircraft Types</b>	<b>Date of Issue (for Initials)/ Renewal training</b>	<b>Valid Until</b>

<b>Aircraft Types</b>	<b>Date of Issue (for Initials)/ Renewal training</b>	<b>Valid Until</b>

**Attachments:**

<input type="checkbox"/> <b>For Initial Issue:</b>	<input type="checkbox"/> <b>For Renewal:</b>
<input type="checkbox"/> A copy of Medical certificate class 2	<input type="checkbox"/> A copy of Medical certificate class 2
<input type="checkbox"/> Two Passport size photos (2cm by 2.5cm)	<input type="checkbox"/> Copies of the first 4 pages of the competency book (Including the cover page)
<input type="checkbox"/> A copy of ID/Passport	
<input type="checkbox"/> Copies of the first 4 pages of the competency book (Including the cover page)	
<input type="checkbox"/> A copy of the first aid certificate	
<input type="checkbox"/> Copies of Knowledge and Practical tests done	
<input type="checkbox"/> Copy of First Aid certificate	

<b>Chief Pilot's Name:</b>	<b>Signature of Chief Pilot and Company Stamp:</b>

**Declaration:**

I declare, to the best of my knowledge and belief, that the information given in this application form and attachments are complete and correct.

Signature:	Date:

**For Official Use Only:**

Fees:	Receipt No.:
Date:	<input type="checkbox"/> HQ <input type="checkbox"/> WAP <input type="checkbox"/> MSA
PEL Inspector's Name:	
Signature:	

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