

## 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:

<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	Postal Address:
Email address:	
ID/Passport No:	Nationality:
Licence held:	Phone Number:

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

			PEL Inspector		
<input type="checkbox"/> For Initial Issue:	Date	Valid Until	S	N/S	N/A
Date of Knowledge Test					
Date of Practical Test					
<input type="checkbox"/> For Renewal:					
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>		
Aircraft	Date of Issue / Renewal training	Valid Until

<b>Attachments:</b>	
<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*2.5cm)	<input type="checkbox"/> Copies of the first 2 pages of the competency book
<input type="checkbox"/> A copy of ID/Passport	
<input type="checkbox"/> Copies of the first 2 pages of the competency book	
<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>
<b>Declaration:</b>	
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:

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

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