|  |  |  |
| --- | --- | --- |
|      |  CIVIL AVIATION AUTHORITY OF MALAYSIA *(Air Traffic Management Division)*NO.27 PERSIARAN PERDANA, LEVEL 4, PODIUM A, PRECINCT 4, FEDERAL GOVERNMENT ADMINISTRATIVE CENTRE, 62618 PUTRAJAYA, MALAYSIA. Tel: 6 03-8871 4221 / 4222 / 4239 / 4338 Fax: 6 03-8889 2642 Email: aftn@caam.gov.my / klatcc@caam.gov.my AFTN: WMKKYAYT & WMKKYAYX  | **Form****DIPLOMATIC** |

**DIPLOMATIC CLEARANCE APPLICATION FORM**

**OVERFLIGHT/LANDING IN MALAYSIA**

 *(Please complete the form in block letters or type)*

The following information to be completed by the applicant/operator/airline/agent:

|  |  |
| --- | --- |
| **STATE / EMBASSY** |  |

|  |
| --- |
| **(A)** **DETAILS OF FLIGHT** |
| **1** | **Name of Aircraft Operator / Owner / Airlines** |  |
| **2** | **Purpose of flight** |

|  |  |
| --- | --- |
|  | Tick |
| Passenger |  |
| Cargo |  |
| Combination passenger & cargo |  |
| Overflight  |  |
| Technical Stop - Refuelling |  |
| Other(s) |  |

Please specify: |
| **3** | **Aircraft Details:** |
|  |

|  |  |  |
| --- | --- | --- |
| i | Type |  |
| ii | State of Registry / Nationality |  |
| iii | Aircraft Registration |  |
| iv | Telephony Designator (Flight No. / Call sign) |  |
| v | Capacity / Configuration of Aircraft |  |
| vi | Air Operator Certificate (AOC) / permit number (If any) |  |
| vii | Address (with Tel/Fax/AFTN) |  |

 |
| **4** | **Pilot in Command:** |
|  | Name |  |
|  | Nationality |  |
| **5** | **On Board Details:** |
|  |

|  |  |  |
| --- | --- | --- |
| i | Number of Crew |  |
| ii | Number of PAX (If any) |  |
| iii | General Description of the Goods carried (If any) |  |
| iv | Any Arms, Ammunition, radioactive or Dangerous Goods? If so attached a copy of DGCA Permit. |  |
| v | Any Special Equipment like aerial photography, remote sensing camera, night vision camera on board? If so, attach a copy of DGCA permit. |  |
| vi | Number of PAX (If any) |  |
| vii | Tonnage of CGO (If any) |  |
|  |  |  |

 |
| **6** | **Name of appointed Ground Handler / handling agent at point of landing in Malaysia.** |  |

|  |
| --- |
| **(B)****DETAILS OF PAX** *(Not a mandatory)*  |
| No\*. | Name (s) | Nationality | ID/Passport NO. |
|   |   |  |   |
|   |   |  |   |

\*Please provide attachment if insufficient space or GENDEC.

|  |
| --- |
| **(C)****Details of route, point of departure, landing in Malaysia and final destination {Proposed time table (ETA/D in UTC at points in Malaysia. Point of Departure and Destination (specify IATA Three letter codes or ICAO Four letter location indicator}:** |
| Date of Flight | Flt No | Departure Airport | UTC | Destination Airport | UTC |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Any other information that may be relevant to the proposed operation. |
|  |

|  |
| --- |
| **(D)****DECLARATION**I the undersign hereby confirm that the aircraft commander is aware of the regulations concerning air flights in the air space of MALAYSIA and that the aircraft owner undertakes to uphold the local legislation related to compensation for any harm that may occur to persons on land. |
| 1 | Name of applicant (In full) |  |
| 2 | Designation / Position |   |
| 3 | Email address |  |
| 4 | Telephone/Mobile phone/Fax |   |
| 5 | SignatureDateCompany’s Endorsement  |  |
| **REMARKS** *(If any)* |
|  |

 **NOTE:**

1. Details of flight application should reach CAAM by fax 603-8889 2642 or email (aftn@caam.gov.my / freshnazlin@caam.gov.my / hamdan@caam.gov.my) at least **3 working days** prior to the aircraft departure or landing and including overflight.

3. Refer MCAR 2016 (Malaysia Civil Aviation Regulation) (1) (2) (3) (4) (5)(6)

2. Refer AIP Malaysia, GEN 1.2-3 & GEN 1.2-4 (1.2.2.4 / 1.2.2.4.1 / 1.2.5.3 / 1.2.5.3.1)

 ***Updated: 26 June 2020 / 02 Oct 2020 / 20 Oct 2020***

*Aviation Industry Unit*

*Air Traffic Management Division*

*Civil Aviation Authority of Malaysia*