FOR OFFICIAL USE

CAAM
RENEWAL O
TYPE OF LICEN
TYPE OF AIRCE
 This form, whe The payment a All dates to be
SECTION 1: PI
ADDRESS:

PIHAK BERKUASA PENERBANGAN AWAM MALAYSIA

CIVIL AVIATION AUTHORITY OF MALAYSIA		FILE NO:	
RENEWAL OF A PROFESSIONAL PILOT'S LICENCE		VALIDITY:	
RENEWAL OF A PROFESSIONAL FILOT S LICENCE		LPC:	
TYPE OF LICENCE CPL MPL	ATPL	IR:	
		ELP:	
TYPE OF AIRCRAFT AEROPLANE HELICOPTER 1. This form, when completed, should be forwarded to the ONE STOP CENTER, CAAM. 2. The payment and document certifying details can be found in CAGM 1001 – FCL. 3. All dates to be written in dd/mm/yy.		FOI:	
		FEE PAYABLE:	
		RECEIPT NO: DATE:	
		SIGNATURE:	
		OIONATORE.	
SECTION 1: PERSONAL PARTICULAR OF APPLICANT			
NAME:			
TVAIVIL.			
ADDRESS:			
CONTACT NO:	EMAIL:		
NATIONALITY:	DATE OF BIRTH:		
NRIC OR PASSPORT NO:			
EMPLOYER:			
SECTION 2: PARTICULARS OF LICENCE			
LICENCE NO:	LICENCE EXPIRY:		
DATE OF MEDICAL ASSESSMENT:			
NAME OF MEDICAL EXAMINER:			
SECTION 3: PARTICULARS OF LICENCE PROFICIENCY CHECK			
AIRCRAFT RATING			
AIRCRAFT TYPE/SIM:	DATE OF CHECK (P1/P2):		
INSTRUMENT RATING			
AIRCRAFT TYPE/SIM:	DATE OF CHECK (P1/P2):		
SECTION 4: APPLICATION AND DECLARATION			
I hereby certify that i have completed the requirements for the renewal of my licence and declare that since the date on which I was medically examined I have not suffered from any defect, disability or disease and that the particulars given in this form are true. MEDICAL EXPIRY:			
ECG :			
CHEST X-RAY :			
	AUDIOGRAM :		
Signature of Applicant:	Date:		

REVISION 01 - 19th APRIL 2021 1