



PIHAK BERKUASA PENERBANGAN AWAM MALAYSIA
CIVIL AVIATION AUTHORITY OF MALAYSIA

**APPLICATION FOR VALIDATION OF FLIGHT CREW LICENCE
 ISSUED BY CONTRACTING STATES**

INITIAL REISSUE
 TYPE OF LICENCE: PPL CPL ATPL
 TYPE OF AIRCRAFT: AEROPLANE HELICOPTER

FOR OFFICIAL USE
FEE PAYABLE:
RECEIPT NO:
DATE:
SIGNATURE:

IMPORTANT NOTICES

1. This form, when completed, should be forwarded to the ONE STOP CENTER, CAAM.
2. This form has to be filled, completed and signed by the applicant.
3. The fee for the issue of validation, if paid by bank draft, shall be made payable to CAAM.
4. The payment and document certifying details can be found in CAGM 1001 – FCL.
5. Evidence of qualifications must meet the requirements for the issue of the validation.
6. The maximum period of validation will not exceed that of the currency of your licence.
7. You will be notified when your validation is ready for collection.
8. All dates to be written in dd/mm/yy.

SECTION 1: PERSONAL PARTICULAR OF APPLICANT

NAME:	
ADDRESS:	
CONTACT NO:	EMAIL:
NATIONALITY:	NRIC OR PASSPORT NO:
DATE OF BIRTH:	
OCCUPATION:	

SECTION 2: PARTICULARS OF MEDICAL EXAMINATION

DATE OF MEDICAL EXAMINATION:	NAME OF DME:
PLACE OF MEDICAL EXAMINATION:	

SECTION 3: PARTICULARS OF LICENCE

TYPE OF LICENCE:		COUNTRY OF ISSUE:	
LICENCE NO:	EXPIRY DATE:	DATE OF LAST IRT:	

SECTION 4: AIRCRAFT RATINGS ENDORSED IN THE LICENCE

TYPE OF AIRCRAFT	DATE OF LAST FLIGHT	P1/P2	HOURS FLOWN ON TYPE	DATE OF LAST LPC

SECTION 5: STATEMENT

PURPOSE OF VALIDATION:

NAME OF AIRCRAFT OWNER:

TYPE OF AIRCRAFT YOU WISH TO FLY:

OPERATING CAPACITY:

(CAPT/FO/TRAINEE)

MALAYSIAN VALIDATION (IF ANY) ISSUED ON:

DATE OF EXPIRY:

SECTION 6: FLYING EXPERIENCE

HOURS FLOWN ON THE AIRCRAFT TYPE STATED IN SECTION 4, IN THE SIX MONTHS PRECEDING THE DATE OF THIS APPLICATION:

DATE OF LAST SUCCESSFUL LICENCE PROFICIENCY CHECK ON THE AIRCRAFT TYPE STATED IN SECTION 4:

SECTION 7: APPLICATION AND DECLARATION

I hereby apply for the issue of a Certificate of Validation and certify 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.

Signature of Applicant: Date:

FOR OFFICIAL USE ONLY

Application approved

Application rejected

Reason:

Signature:

Date:

CHECKLIST FOR APPLICATION FOR VALIDATION OF FLIGHT CREW LICENCE**PLEASE ✓**

1. Covering letter from sponsoring operator/ATO/aircraft owner certifying purpose of flight	
2. Copy of CAAM approval letter for recruitment	
3. Foreign security clearance form (CAAM/BOP/FCL/48)	
4. Certified copy of Immigration work permit	
5. Parent licence	
6. CERTIFIED copy of parent licence	
7. Proof of proficiency/competency check on aircraft type to be validated	
8. Flying logbook, certified by relevant authorities	
9. Duly certified copy of the last 5 (five) pages of the current flying logbook (certified by relevant authorities)	
10. CERTIFIED photocopy of the previous validation issued (if applicable)	
11. Letter of licence authentication from country of issuance of licence or the fax/telephone number/email address and person-in-charge for CAAM to liaise for verification purposes	
12. Payment cash/card/crossed cheque payable to CAAM	
13. Other supporting documents (please specify) i. Instrument rating validity on type ii. Medical certificate iii. iv.	

Note.

Processing time will depend on the availability of inspectors and number of applications.
Do not ✓ which is not applicable for your application.

INCOMPLETE SUBMISSION WILL BE REJECTED
