

PIHAK BERKUASA PENERBANGAN AWAM MALAYSIA CIVIL AVIATION AUTHORITY OF MALAYSIA

APPLICATION FOR INITIAL ISSUE OF A MULTI-CREW PILOT LICENCE (MPL)

IMPORTANT NOTICES

- 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. Evidence of qualifications must meet the requirements for the issue of the licence.
- 4. You will be notified when your licence is ready for collection.
- 5. 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:	PLACE OF BIRTH:

SECTION 2: MEDICAL EXAMINATION
NAME OF EXAMINER
DATE OF MEDICAL EXAMINATION:
PLACE OF MEDICAL EXAMINATION:

SECTION 3: PARTICULARS OF LICENCE HELD (if applicable)					
COUNTRY OF ISSUE:		TYPE OF LICENC	E:		
LICENCE NO:	EXPIRY DATE:		DATE OF LAST IRT:		

SECTION 4: DECLARATION OF R/T SECRECY

I, do solemnly and sincerely declare that I will not improperly divulge to any person the purpose of any messages which may come to my knowledge in connection with the operation of any radio apparatus on board the aircraft.

Signature of Declarant: Date:

FEE PAYABLE:

RECEIPT NO:

DATE:

SIGNATURE:

SECTION 5: APPLICATION AND DECLARATION

I hereby apply for the grant of a Multi-crew Licence and R/T Licence as indicated above and CERTIFY that all particulars given in this form and all the attachments for CPL are correct to the best of my knowledge and belief, and since the date on which I was medically examined, I have not suffered from any defect, disability or disease.

Signature of Applicant: Date:

FOR OFFICIAL USE ONLY

Logbook and Licence checked on:

Flying experience is satisfactory for the issue of MPL

Passed ATPL subjects on:

MPL issued on the strength of:

Signature:

Date:

FLYING EXPERIENCE (complete the table for the applicable aircraft category)

The flying experience requirements for the MPL are set out in CAD 1 – PEL.

ІТЕМ	HOUF	RS CLAIMED	QUALIFYING MINIMA			
TOTAL EXPERIENCE (SINGLE PILOT AEROPLANE + FSTD)						
1. AS PILOT IN A SINGLE-PILOT AEROPLANE			40			
2. AS PILOT IN A MULTI-CREW FSTD			-			
3. TOTAL 1 + 2			240			
MULTI CREW AEROPLANE						
1. NUMBER OF TAKE-OFFS AND LANDINGS IN A MULTI-CREW AEROPLANE			12*			
TOTAL EXPERIENCE IN SINGLE PILOT AEROPLANE						
1. PILOT IN COMMAND			10			
2. PILOT UNDER DUAL INSTRUCTION			25			
3. PILOT UNDER INSTRUCTION IN INSTRUMENT IN AN AEROPLANE			4			
4. PILOT UNDER INSTRUCTION IN INSTRUMENT IN A FSTD			-			
5. PILOT UNDER INSTRUCTION IN UPRT TRAINING			2			
CROSS COUNTRY EXPERIENCE IN A SINGL	E PILOT AE	ROPLANE				
1. AS PIC + SPIC + P1U/S			5			
2. AS DUAL + P2			4			
3. TOTAL 1 + 2			-			
4. DATE OF NAVIGATION FLIGHT OF > 150 NM			AERODROME LANDED 1. 2.			
NIGHT FLYING	<u> </u>		I			
1. AS PIC + SPIC + P1U/S			-			
2. AS DUAL + P2			3			
3. TOTAL 1 + 2			5			
*Number of take-offs and landings required may be reduced PEL Appendix 3.	to 6 provided th	e ATO/Operator comp	lies with paragraph 3.7 of the CAD 1 –			
I certify that all the particulars entered in this forr true to the best of my knowledge and belief.	m are CERTIFIED BY (ATO OR CAAM) :					
SIGNATURE :DATE :		SIGI	NATURE AND STAMP			

CHECKLIST FOR A MULTI-CREW PILOT LICENCE (MPL)

PLEASE ✓

1. Cover Letter/Release Letter from the ATO.	
2. CAAM letter of approval.	
3. CERTITIFIED photocopy of theoretical knowledge examination certificate.	
4. Duly completed MPL Skill Test Check Form(s). (CAAM/BOP/FCL/9–MCA–ST/BT)	
5. Application for the issue of a flight radiotelephony operator's licence (CAAM/BOP/FCL/20)	
 Duly completed Application for English Language Proficiency Test form. (CAAM/BOP/FCL/30) 	
7. CERTIFIED photocopy of ELP certificate	
8. A valid medical certificate (Class 1)	
9. Original flying logbook, flying hours CERTIFIED by ATO (HOT/CFI).	
10. CERTIFIED photocopy of the last 5 pages of the current flying logbook.	
11. CERTIFIED photocopy of MyKad or passport and Work Permit / Professional Visit Pass.	
12. Two (2) recent colour photo (25mm x 32mm). (name printed at the back)	
13. Other supporting documents (please specify)	
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*NOTE:

Processing time will depend on the availability of inspectors and number of applications.

Do not \checkmark which is not applicable for your application.

INCOMPLETE SUBMISSION WILL BE REJECTED