

<i>Applicant's Remark (use separate sheet):</i>	
Applicant's Signature:	Submission Date:
Applicant's Name:	
Applicant's Designation:	
E. FOR CAAM OFFICIAL USE ONLY:	
Accepted by FOI:	Signature:
Accepted Date:	Proposed Evaluation Date:
DFO/Head of FSTD: <input type="checkbox"/> Accepting Foreign Authority approval and documented evidence Simulator evaluation required: Y <input type="checkbox"/> / N <input type="checkbox"/>	
DFO/Head of FSTD Remarks:	
Signature:	Date:
DFO/Head of FSTD:	

FOR CAAM USE ONLY

FOI Checked _____
 ACCEPT REJECT

Remarks _____

FOI Signature _____

Date: _____

Application Fee:	
Receipt No:	
Cheque / P.O:	
Initial:	
Date:	