



**FLIGHT OPERATIONS DIVISION  
CABIN SAFETY EXAMINER  
APPLICATION FORM**

CAAM/BOP/CC/CSE/001

**Section A – Details of the Applicant (tick appropriate box where applicable)**

Note. – Only capital letters are to be used while filling up the form.

Applicant type: <i>(Tick appropriate column)</i>	Initial		Renewal	
Organisation/Employer:				
Applicants name:				
Date of birth <i>(dd/mm/yy)</i> :				
Nationality		MyKad/passport		
Date of last medical <i>(dd/mm/yy)</i>		Expiry date of medical <i>(dd/mm/yy)</i>		
Permanent address				
Mobile number:				
E-mail				

**Section B – Cabin Crew Attestation Details**

Aircraft category: <i>(Tick appropriate column)</i>	Aeroplane CAT		Aeroplane GA		Helicopter		Others	
Aircraft type rating (e.g. B737, A320, etc)								
Years of experience as supervisory crew								
Years of experience as instructor								
Last recurrent date <i>(dd/mm/yy)</i>								



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**Section C Part 1 - Applicants Declaration**

**DECLARATION**

1. I declare and undersign below that the statements, answers and attachments provided in this application form is true and correct to the best of my knowledge in accordance with Civil Aviation Regulations 2016 (MCAR) and Civil Aviation Directive 6009 Cabin Crew (CAD 6009 – CC)

**Giving false or misleading information is an offence under the regulations.**

2. I understand that processing the application may be delayed if:
- The application does not accurately and completely identify my/our requirements; or
  - The details in this application are subsequently changed; or
  - Adequate supporting documentation has not been provided.
3. I understand and agree that for CAAM to proceed with this application, I must:
- Forward all supporting documentation as required by the specific approval being applied for.

Note. – CAAM may send materials/responses relating to this application by email or by mail

Name		Signature		Date	
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**Section C Part 2- Declaration by organisation/employer**

**DECLARATION**

1. I hereby declare that the above details submitted by \_\_\_\_\_ are true in every respect and meet all the requirements as stipulated by CAD 6009 – Cabin Crew

Name of Cabin Crew Safety Training Manger					
Signature		Date:(dd/mm/yy)			