



**PIHAK BERKUASA PENERBANGAN AWAM MALAYSIA  
CIVIL AVIATION AUTHORITY OF MALAYSIA**

**APPLICATION FOR INITIAL ISSUE OF AN AIRLINE TRANSPORT  
PILOT LICENCE (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. 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**

COUNTRY OF ISSUE:

TYPE OF LICENCE:

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	DATE OF LAST LPC

**SECTION 5: 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: .....

**SECTION 6: APPLICATION AND DECLARATION**

I hereby apply for the grant of an Airline Transport Pilot Licence and R/T Licence as indicated above and CERTIFY that all particulars given in this form and all the attachments for ATPL 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 defecy, disability or disease.

Signature of Applicant: ..... Date: .....

**FOR OFFICIAL USE ONLY**

Logbook and Licence checked on: .....

Flying experience is satisfactory for the issue of ATPL

Passed ATPL subjects on: .....

ATPL issued on the strength of : .....

Signature: .....

Date: .....

## FLYING EXPERIENCE

- 1) The flying experience requirements for the ATPL are set out in CAD 1 – PEL.  
 2) All claims on P1 U/S must be signed by the PIC on each flight entry in the logbook.

ITEM	HOURS CLAIMED		QUALIFYING MINIMA	
	AEROPLANE	HELICOPTER	AEROPLANE	HELICOPTER
<b>TOTAL EXPERIENCE</b>				
1. AS PIC			70	70
2. AS P1 U/S			180	180
3. AS P2 (50% OF P2)				
4. AS DUAL ON DUAL CONTROL AIRCRAFT (P3)				
<b>TOTAL 1- 4</b>			1500	1000
<b>CROSS COUNTRY</b>				
1. AS PIC + P1 U/S			100	100
2. AS P2 (50% OF P2)				
<b>TOTAL 1 - 3</b>			200	200
<b>NIGHT FLYING</b>				
1. AS PIC				
2. AS P1 U/S				
3. AS P2 (50% OF P2)				
<b>TOTAL 1 - 3</b>			100	50
<b>INSTRUMENT FLYING</b>				
1. IN THE AIR				
2. IN APPROVED SIMULATOR			MAX 30	MAX 10
<b>TOTAL 1 - 2</b>			75	30
<b>MUTLI-CREW CO-OPERATION (operations in a multi-pilot aircraft)</b>				
1. TOTAL			500	350
<b>RECENT EXPERIENCE (LAST 6 MONTHS)</b>				
1. AS PIC, OR			10	0
2. AS P2 OR P1 U/S			20	20
I certify that all the particulars entered in this form are true to the best of my knowledge and belief.		CERTIFIED BY EMPLOYER:		
SIGNATURE: ..... DATE :		.....		
.....		SIGNATURE AND STAMP		

# CHECKLIST FOR AN AIRLINE TRANSPORT PILOT LICENCE (ATPL)

PLEASE ✓

1. Duly completed ATPL application form (CAAM/BOP/FCL/4)	
2. CERTIFIED Photocopy of theoretical knowledge examination certificate.	
3. Duly completed ATPL Skill Test Check Form (CAAM/BOP/FCL/9–MCA–ST/BT (aeroplane) or CAAM/BOP/FCL/10–H–ST/BT (helicopter))	
4. A valid Class 1 medical certificate	
5. Original flying logbook, flying hours CERTIFIED by company	
6. CERTIFIED Photocopy of the last 5 pages of the current flying logbook.	
7. CERTIFIED Photocopy of Commercial Pilot Licence (CPL)	
8. Two (2) recent passport sized photo with blue background <b>(name printed at the back)</b>	
9. Other supporting documents (please specify) i. ..... ii. .....	

**\*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**