PIHAK BERKUASA PENERBANGAN AWAM MALAYSIA

CIVIL AVIATION AUTHORITY OF MALAYSIA

APPLICATION FOR A FLIGHT TEST

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 and NO LATER than three (3) months before the date of test.
2. The payment details can be found in CAGM 1001 – FCL.
3. All dates are written in dd/mm/yy.

SECTION 1: PERSONAL PARTICULAR OF APPLICANT	
NAME:	
ADDRESS:	
CONTACT NO:	EMAIL:
NATIONALITY:	NRIC OR PASSPORT NO:
DATE OF BIRTH:	
EMPLOYER *(for PPL flying, state flying club)*:	

SECTION 2: PARTICULARS OF LICENCE		
TYPE OF LICENCE:	AIRCRAFT CATEGORY: ☐ Aeroplane ☐ Helicopter ☐ Others:	
LICENCE NO:	MEDICAL CLASS:	MEDICAL EXPIRY:
LPC EXPIRY:	IRT EXPIRY:	ELP EXPIRY:
FLIGHT TEST REQUESTED: *PLEASE TICK MORE THAN ONE ITEM IF APPLICABLE*	☐ SKILL TEST ☐ PPC/BASE TRAINING ☐ RENEWAL INSTRUMENT RATING ☐ ASSESSMENT OF COMPETENCE (DFE)	☐ INITIAL INSTRUMENT RATING ☐ ASSESSMENT OF COMPETENCE (AFI/FI) ☐ OTHERS: _____

SECTION 3: APPLICATION AND DECLARATION
☐ **Please attach a cover letter together with this application form**
☐ **Please attach a copy of the flight crew licence and the flying logbook with the last six (6) months of flying activities**
I hereby certify that I have completed the training requirements for the above flight test. The operator/owner of the aircraft has granted the means of approval for the use of the aircraft/FSTD, for the said flight test. I therefore request the date of the flight test to be on _____ in ☐ Aircraft: ___*Type and registration*___ ☐ FSTD and if there is a change of date, CAAM will be notified at least 3 working days before the proposed date.   Signature of Applicant: ……………………………………………………. Date: …………………………………

FOR CAAM OFFICIAL USE ONLY			
DATE RECEIVED:		CLAIMS:	
ASSIGNED DFE:			
AUTHORISED BY FOI:			