	CIVIL AVIATION AUTHORITY OF MALAYSIA AIR NAVIGATION SERVICES AND AERODROME DIVISION ATC LICENCE APPEAL APPLICATION	CAAM/BPUA/LIC/14
---	---	------------------

SECTION A: APPEAL APPLICATION DETAILS

(Please mark ✓ as appropriate)

<input type="checkbox"/>	Appeal on Class 3 Medical Assessment Results – Medical Examiner’s Assessment
<input type="checkbox"/>	Appeal on Air Traffic Controller Licence Denial – Medical Case
<input type="checkbox"/>	Appeal on English Language Proficiency (ELP) Test Result
<input type="checkbox"/>	Appeal on ATC Examination Results

Note: The appeal application shall be submitted within ten (10) working days from the date of the examination/assessment result is received.

SECTION B: APPLICANT INFORMATION

(To be completed by the applicant)

Name:			
ID / IC No.:		Licence No.:	ATC/L
Station:		Mobile No.:	
Permanent Address:			

SECTION C: DETAILS OF APPEAL


(Note: To be completed by the applicant. Please mark ✓ as appropriate and include supporting documents.)

<input type="checkbox"/>	Appeal on Class 3 Medical Assessment Results – Medical Examiner’s Assessment
--------------------------	--

Assessment Date	Medical Examiner	Justification

<input type="checkbox"/>	Appeal on Air Traffic Controller Licence Denial – Medical Case
--------------------------	--

Application Date	Justification

	<p align="center">CIVIL AVIATION AUTHORITY OF MALAYSIA AIR NAVIGATION SERVICES AND AERODROME DIVISION</p> <p align="center">ATC LICENCE APPEAL APPLICATION</p>	<p align="center">CAAM/BPUA/LIC/14</p>
---	--	--

☐ Appeal on English Language Proficiency (ELP) Test Result

Assessment Date	ELP Test Venue	Justification

☐ Appeal on ATC Examination Results

Examination Date	Station	Type of ATC Examination	Justification


SECTION D: DECLARATION BY APPLICANT

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that any false or misleading information may result in the rejection of this application.

Signature: _____

Date: _____

Name:

	<p align="center"> CIVIL AVIATION AUTHORITY OF MALAYSIA AIR NAVIGATION SERVICES AND AERODROME DIVISION ATC LICENCE APPEAL APPLICATION </p>	<p>CAAM/BPUA/LIC/14</p>
---	---	-------------------------

SECTION E: RESULT OF APPEAL – REVIEW PANEL DECISION

(Note: Please mark ✓ as appropriate)

Date of application received	:	
Review Panel Chairperson	:	
Review Panel Member(s)	:	

Review Panel Decision:

☐ Appeal Approved

☐ Appeal Rejected

Comments/Remarks:

Name:

Signature:

Designation
official stamp:

Date: