
	<p align="center"><b>CIVIL AVIATION AUTHORITY OF MALAYSIA</b>  <b>FLIGHT OPERATIONS DIVISION</b>  <b>DANGEROUS GOODS UNIT</b>  <b>APPLICATION FOR THE APPROVAL OF</b>  <b>DANGEROUS GOODS CARD</b></p>	<p>CAAM/BOP/3/08-1</p>
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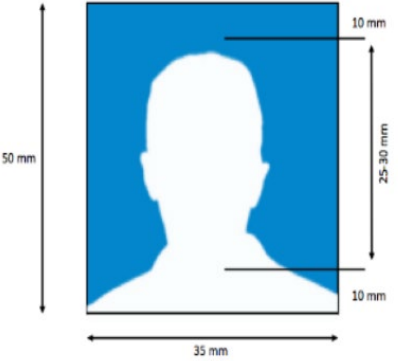
<b>GENERAL INFORMATION</b>	
<ol style="list-style-type: none"> <li>1. This form is for the registration and issuance of Dangerous Goods (DG) Cards.</li> <li>2. Applicants must submit their full name and registered identity card (IC) or passport number. The form must be neatly typewritten, complete, and signed.</li> <li>3. Every individual who has successfully completed Dangerous Goods Handling Training must register for a DG Card within thirty (30) days from the date of passing the examination.</li> <li>4. The completed form must be submitted to CAAM with a formal cover letter signed by the course administrator and the following supporting documents:               <ol style="list-style-type: none"> <li>a. A copy of the identification card/ passport;</li> <li>b. Result of the transcript.</li> </ol> </li> <li>5. Each application is subject to a fee of RM 125.00 for new applications and RM 75.00 for renewals under the Civil Aviation (Fees and Charges) Regulations 2016.</li> <li>6. Submission of this form does not constitute automatic approval. Final issuance of the DG Card will be processed within twenty-one (21) working days only after CAAM is satisfied that all requirements have been met and the submission is complete.</li> <li>7. Completed applications may be submitted via email to:</li> </ol>	
<p><b>Civil Aviation Authority of Malaysia (CAAM)</b>            Dangerous Goods Unit,            Flight Operations Division            Level 2, Block Podium B, Precinct 4, 62618            Putrajaya, MALAYSIA  <b>Email / E-mel:</b> <a href="mailto:ops.dg@caam.gov.my">ops.dg@caam.gov.my</a>  <b>Tel:</b> 03 8871 4099 <b>Fax:</b> 03 8890 1641</p>	<p><b>CAAM Bank Account:</b>            Public Islamic Bank            3811 3402 15            SWIFT Code: PBBE MYKL XXX</p>


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### A. TRAINING CENTER INFORMATION

Company's Name	
Type of Submission	<input type="checkbox"/> Initial Application <input type="checkbox"/> Recurrent/ Revision
DGTP Approval No.	
Course Title	
Course Date	
Cert. Expiry Date	

### B. APPLICANT'S DETAILS

Name as NRIC/ Passport		
NRIC/Passport No.		
Address		
House/Mobile No.		
Email		
Position		

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### C. EMPLOYER'S DETAIL

Company Name	
Office Address	
Office Phone No.	
Office Fax No.	

### D. APPLICANT'S DECLARATION

*I certify that the details in this form are true and correct to the best of my knowledge.*

Signature & Name	
Date	