

	CIVIL AVIATION AUTHORITY OF MALAYSIA FLIGHT OPERATIONS DIVISION DANGEROUS GOODS UNIT APPLICATION FOR THE APPROVAL OF DANGEROUS GOODS CARD	CAAM/BOP/3/08-1
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GENERAL INFORMATION

1. This form is for the registration and issuance of Dangerous Goods (DG) Cards.
2. Applicants must submit their full name and registered identity card (IC) or passport number. The form must be neatly typewritten, complete, and signed.
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.
4. The completed form must be submitted to CAAM with a formal cover letter signed by the course administrator and the following supporting documents:
 - a. A copy of the identification card/ passport;
 - b. Result of the transcript.
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.
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.
7. Completed applications may be submitted via email to:

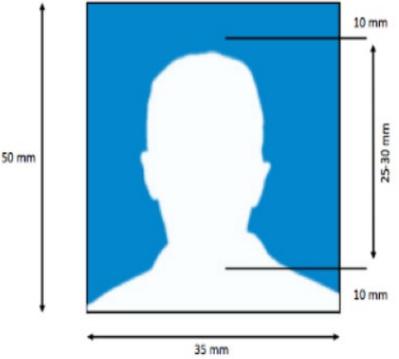
<p>Civil Aviation Authority of Malaysia (CAAM)</p> <p>Dangerous Goods Unit, Flight Operations Division Level 2, Block Podium B, Precinct 4, 62618 Putrajaya, MALAYSIA Email / E-mel: ops.dg@caam.gov.my Tel: 03 8871 4099 Fax: 03 8890 1641</p>	<p>CAAM Bank Account:</p> <p>Public Islamic Bank 3811 3402 15</p> <p>SWIFT Code: PBBE MYKL XXX</p>
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A. TRAINING CENTER INFORMATION

Organisation Name (AOC/Legal)	
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		
Designation		

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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	