	CIVIL AVIATION AUTHORITY OF MALAYSIA FLIGHT OPERATIONS DIVISION FLIGHT CREW LICENSING APPLICATION FOR INITIAL ISSUE OF AIRLINE TRANSPORT PILOT LICENCE (ATPL)	CAAM/BOP/FCL/4
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TYPE OF AIRCRAFT AEROPLANE
 HELICOPTER

IMPORTANT NOTICES:

1. This form, when completed, should be forwarded to 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.

FOR CAAM USE ONLY	
Fee Payable	
Receipt Number	
Date	
Signature	

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:



**CIVIL AVIATION AUTHORITY OF MALAYSIA
FLIGHT OPERATIONS DIVISION
FLIGHT CREW LICENSING**

**APPLICATION FOR INITIAL ISSUE OF AIRLINE
TRANSPORT PILOT LICENCE (ATPL)**

CAAM/BOP/FCL/4

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 defect, disability or disease.

Signature of Declarant: Date:


FOR CAAM 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:

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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
TOTAL EXPERIENCE				
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)				
TOTAL 1-4			1500	1000
CROSS COUNTRY				
1. AS PIC + P1 U/S			100	100
2. AS P2 (50% OF P2)				
TOTAL 1-3			200	200
NIGHT FLYING				
1. AS PIC				
2. AS P1 U/S				
3. AS P2 (50% OF P2)				
TOTAL 1-3			100	50
INSTRUMENT FLYING				
1. IN THE AIR				
2. IN APPROVED SIMULATOR			MAX 30	MAX 10
TOTAL 1-2			75	30
MULTI-CREW CO-OPERATION (Operations in A Multi-Pilot Aircraft)				
1. TOTAL			500	350
RECENT EXPERIENCE (LAST 6 MONTHS)				
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. SIGNATURE:DATE :		CERTIFIED BY EMPLOYER: SIGNATURE AND STAMP		

	<p align="center">CIVIL AVIATION AUTHORITY OF MALAYSIA FLIGHT OPERATIONS DIVISION FLIGHT CREW LICENSING</p> <p align="center">APPLICATION FOR INITIAL ISSUE OF AIRLINE TRANSPORT PILOT LICENCE (ATPL)</p>	<p align="center">CAAM/BOP/FCL/4</p>
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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)	
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 colour photo (25mm x 32mm) [name printed at the back]	
9.	Other supporting documents (please specify) i. ii.	

*** NOTE:**

Payment by debit or credit card only.

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
