

	CIVIL AVIATION AUTHORITY OF MALAYSIA FLIGHT OPERATIONS DIVISION FLIGHT CREW LICENSING RENEWAL OF PROFESSIONAL PILOT'S LICENCE	CAAM/BOP/FCL/8
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TYPE OF LICENCE CPL MPL ATPL

TYPE OF AIRCRAFT AEROPLANE
 HELICOPTER

IMPORTANT NOTICES:

1. This form, when completed, should be forwarded to the ONE STOP CENTER, CAAM.
2. The payment and document certifying details can be found in CAGM 1001 – FCL.
3. All dates to be written in dd/mm/yy.

FOR CAAM USE ONLY	
LPC/ST:	FOI:
IR:	Receipt Number:
ELP:	Date:
File Number:	Signature:
Fee:	

SECTION 1: PERSONAL PARTICULAR OF APPLICANT	
NAME:	
ADDRESS:	
CONTACT NO.:	EMAIL:
NATIONALITY:	NRIC OR PASSPORT NO.:
DATE OF BIRTH:	PLACE OF BIRTH:
EMPLOYER:	

SECTION 2: PARTICULARS OF LICENCE	
LICENCE NO.:	LICENCE EXPIRY:
DATE OF MEDICAL ASSESSMENT:	
NAME OF MEDICAL EXAMINER:	



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SECTION 3: PARTICULARS OF LICENCE PROFICIENCY CHECK

AIRCRAFT RATING

AIRCRAFT TYPE/SIM:

DATE OF CHECK (P1/P2):

INSTRUMENT RATING

AIRCRAFT TYPE/SIM:

DATE OF CHECK (P1/P2):

SECTION 4: APPLICATION AND DECLARATION

I hereby certify that i have completed the requirements for the renewal of my licence and declare that since the date on which I was medically examined I have not suffered from any defect, disability or disease and that the particulars given in this form are true.

MEDICAL EXPIRY :
ECG :
CHEST X-RAY :
AUDIOGRAM :

Signature of Applicant: Date: