

	<p align="center">CIVIL AVIATION AUTHORITY OF MALAYSIA FLIGHT OPERATIONS DIVISION FLIGHT CREW LICENSING</p> <p align="center">APPLICATION & REPORT FORM FOR FLIGHT RADIOTELEPHONY OPERATOR LICENCE (FRTOL)</p>	<p align="center">CAAM/BOP/FCL/20</p>
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IMPORTANT NOTICES:

1. This form, when completed, should be forwarded to CAAM.
2. This form shall be submitted with the complete application of a pilot licence and payment fee.
3. The payment details can be found in CAGM 1001 – FCL.
4. All dates to be written in dd/mm/yy.

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

SECTION 2: PARTICULARS OF LICENCE	
TYPE OF LICENCE:	COUNTRY OF ISSUE:
LICENCE NO.:	EXPIRY DATE:

SECTION 3: PARTICULARS WRITTEN EXAMINATION
DATE OF VFR COMMUNICATIONS EXAMINATION:
MARKS (%):

SECTION 4: APPLICATION AND DECLARATION
<p>I hereby apply for the issue of a Flight Radiotelephony Operator Licence (FRTOL) and declare that the particulars given on this form are true.</p>
<p>Signature of Applicant: Date:</p>



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

**APPLICATION & REPORT FORM FOR FLIGHT
RADIOTELEPHONY OPERATOR LICENCE (FRTO)**

CAAM/BOP/FCL/20

SECTION 5: PARTICULARS RT PRACTICAL TEST – to be filled by RT Examiner

DATE OF TEST:

TEST ITEMS	MARKS ALLOCATION (%)	MARKS (%)
1. MICROPHONE TECHNIQUE	20	
2. USE OF CORRECT RT PHRASEOLOGY	20	
3. RELEVANCE AND ADEQUACY OF TRANSMISSION	15	
4. APPROPRIATE AND CORRECT USE THE URGENCY/DISTRESS TRANSMISSION	15	
5. ADEQUACY OF INFORMATION SUPPLIED FOR PURPOSE OF PROVIDING SAR (SEARCH AND RESCUE)	10	
6. ABILITY TO MEET REQUIREMENTS FOR TRANSMISSION IN ABNORMAL SITUATIONS	10	
7. ABILITY TO IDENTIFY AND MITIGATE ERRONEOUS TRANSMISSIONS	10	
TOTAL	100	

TEST RESULT:

PASS

FAIL

RT EXAMINERS REMARKS (if any):

RT EXAMINER:

HOT/CFI:

RT EXAMINER SIGNATURE AND DATE:

HOT/CFI SIGNATURE AND DATE:

FOR CAAM USE ONLY

Application approved

Application rejected

Reason:

Signature & Stamp:

Date: