

	CIVIL AVIATION AUTHORITY OF MALAYSIA FLIGHT OPERATIONS DIVISION FLIGHT CREW LICENSING APPLICATION FOR FLIGHT TEST	CAAM/BOP/FCL/40
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IMPORTANT NOTICES

1. This form, when completed, should be forwarded to CAAM and NO LATER than three (3) months before the date of test.
2. The payment details can be found in CAGM 1001 – FCL.
3. All dates are written in dd/mm/yy.

FOR CAAM USE ONLY	
Fee Payable	
Receipt Number	
Date	
Signature	

SECTION 1: PERSONAL PARTICULARS OF APPLICANT	
NAME:	
ADDRESS:	
CONTACT NO.:	EMAIL:
NATIONALITY:	NRIC OR PASSPORT NO.:
DATE OF BIRTH:	
EMPLOYER (for PPL flying, state flying club):	

SECTION 2: PARTICULARS OF LICENCE		
AIRCRAFT CATEGORY:	<input type="checkbox"/> Aeroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Others:	
TYPE OF LICENCE:	NUMBER:	COUNTRY OF ISSUE:
MEDICAL	CLASS:	EXPIRY:
LPC EXPIRY:	IRT EXPIRY:	ELP EXPIRY:
FLIGHT TEST REQUESTED: <i>PLEASE TICK MORE THAN ONE ITEM IF APPLICABLE</i>	<input type="checkbox"/> SKILL TEST <input type="checkbox"/> PPC <input type="checkbox"/> RENEWAL INSTRUMENT RATING <input type="checkbox"/> ASSESSMENT OF COMPETENCE (DFE)	<input type="checkbox"/> INITIAL INSTRUMENT RATING <input type="checkbox"/> ASSESSMENT OF COMPETENCE (AFI/FI) <input type="checkbox"/> OTHERS: _____



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SECTION 3: APPLICATION AND DECLARATION

Please attach a copy of the flight crew licence and the flying logbook with the last six (6) months of flying activities

I hereby certify that I have completed the training requirements for the above flight test. The operator/owner of the aircraft has granted the means of approval for the use of the aircraft/FSTD, for the said flight test. I therefore request the date of the flight test to be on _____ in
 Aircraft / FSTD _____ *Type Aircraft* and if there is a change of date, CAAM will be notified at least 3 working days before the proposed date.

Signature of Applicant: Date:

FOR CAAM USE ONLY

Date Received

Assigned DFE

Authorised By FOI