



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

CAAM/BOP/FCL/45

**APPLICATION FOR VALIDATION OF
FLIGHT CREW LICENCE ISSUED BY
CONTRACTING STATES**

INITIAL

REISSUE

TYPE OF LICENCE: PPL CPL ATPL

TYPE OF AIRCRAFT: AEROPLANE HELICOPTER

IMPORTANT NOTES

1. This form, when completed, shall be forwarded to CAAM.
2. This form has to be filled, completed and signed by the applicant.
3. The payment and document certifying details can be found in CAGM 1001 – FCL.
4. Evidence of qualifications must meet the requirements for the issue of the validation.
5. The maximum period of validation will not exceed that of the currency of your licence.
6. You will be notified when your validation is ready for collection.
7. All dates to be written in dd/mm/yy.

FOR CAAM USE ONLY

<i>Fee Payable</i>	
<i>Receipt Number</i>	
<i>Date</i>	
<i>Signature</i>	

SECTION 1: PERSONAL PARTICULARS OF APPLICANT

NAME:

ADDRESS:

CONTACT NO.:

EMAIL:

NATIONALITY:

NRIC OR PASSPORT NO.:

DATE OF BIRTH:

OCCUPATION:

SECTION 2A: PARTICULARS OF MEDICAL EXAMINATION (PARENT LICENCE)

NAME OF DME:

DATE OF MEDICAL:

PLACE OF MEDICAL:

MEDICAL EXPIRY:


SECTION 2B: PARTICULARS OF MEDICAL EXAMINATION (CAAM)

NAME OF DME:

DATE OF MEDICAL:

PLACE OF MEDICAL:

MEDICAL EXPIRY:

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SECTION 3: PARTICULARS OF LICENCE		
TYPE OF LICENCE:		COUNTRY OF ISSUE:
LICENCE NO.:	EXPIRY DATE:	DATE OF LAST IRT:


SECTION 4: AIRCRAFT RATINGS ENDORSED IN THE LICENCE				
TYPE OF AIRCRAFT	DATE OF LAST FLIGHT	P1/P2	HOURS FLOWN ON TYPE	DATE OF LAST LPC

SECTION 5: STATEMENT	
PURPOSE OF VALIDATION:	
NAME OF AIRCRAFT OWNER:	TYPE OF AIRCRAFT YOU WISH TO FLY:
OPERATING CAPACITY: <i>(PIC / CO PILOT)</i>	
MALAYSIAN VALIDATION (IF ANY) ISSUED ON:	DATE OF EXPIRY:

SECTION 6: FLYING EXPERIENCE
HOURS FLOWN ON THE AIRCRAFT TYPE STATED IN SECTION 4, IN THE SIX MONTHS PRECEDING THE DATE OF THIS APPLICATION:

SECTION 7: APPLICATION AND DECLARATION
I hereby apply for the issue of a Certificate of Validation and certify 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.
Signature of Applicant: Date:

FOR CAAM USE ONLY	
<input type="checkbox"/> Application approved	
<input type="checkbox"/> Application rejected	
<i>Reason:</i>	
Signature & stamp:	Date:

	<p align="center">CIVIL AVIATION AUTHORITY OF MALAYSIA FLIGHT OPERATIONS DIVISION FLIGHT CREW LICENSING</p> <p align="center">APPLICATION FOR VALIDATION OF FLIGHT CREW LICENCE ISSUED BY CONTRACTING STATES</p>	<p align="center">CAAM/BOP/FCL/45</p>
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CHECKLIST FOR APPLICATION FOR VALIDATION OF FLIGHT CREW LICENCE

PLEASE ✓

1.	Covering letter from sponsoring operator/ATO/aircraft owner certifying purpose of flight	
2.	Copy of CAAM approval letter for recruitment [Initial Only]	
3.	Foreign security clearance form (CAAM/BOP/FCL/48) [Initial Only]	
4.	Certified copy of Immigration work permit	
5.	Parent licence [Initial Only]	
6.	CERTIFIED copy of parent licence	
7.	Proof of proficiency/competency check on aircraft type to be validated	
8.	Flying logbook, certified by relevant authorities [Initial Only]	
9.	Duly certified copy of the last 5 (five) pages of the current flying logbook (certified by relevant authorities)	
10.	CERTIFIED photocopy of the previous validation issued (if applicable)	
11.	Letter of licence authentication from country of issuance of licence or the fax/telephone number/email address and person-in-charge for CAAM to liaise for verification purposes	
12.	Proof of payment card payable to CAAM	
13.	Other supporting documents (please specify) i. Instrument rating validation on type ii. CAAM Medical certificate iii. iv.	

*** 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
