



**CIVIL AVIATION AUTHORITY OF MALAYSIA
FLIGHT OPERATIONS DIVISION
CABIN SAFETY UNIT

CABIN SAFETY EXAMINER
APPLICATION FORM**

CAAM/BOP/CC/CSE/001

Section A – Details of The Applicant *(Tick Appropriate Box Where Applicable)*

Note. – Only capital letters are to be used while filling up the form.

Applicant Type <i>(tick appropriate column)</i>	Initial		Renewal	
Organisation/Employer				
Applicant's Name				
Date of Birth (dd/mm/yy)				
MyKad/Passport				
Nationality				
Date of Last Medical (dd/mm/yy)				
Expiry Date of Medical (dd/mm/yy)				
Permanent Address				
Mobile Number				
E-mail				

Section B – Cabin Crew Attestation Details

Aircraft Category <i>(tick appropriate column)</i>	Aeroplane CAT		Aeroplane GA		Helicopter		Others	
Aircraft Type Rating (e.g. B737, A320, etc.)								
Years of Experience as Supervisory Crew								
Years of Experience as Instructor								
Last Recurrent Date (dd/mm/yy)								



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Section C, Part 1 – Applicants Declaration

DECLARATION

I declare and undersign below that the statements, answers and attachments provided in this application form is true and correct to the best of my knowledge in accordance with Civil Aviation Regulations 2016 (MCAR) and Civil Aviation Directive 6009 Cabin Crew (CAD 6009 – CC).

Giving false or misleading information is an offence under the regulations.

I understand that processing the application may be delayed, if:

- The application does not accurately and completely identify my/our requirements; or
- The details in this application are subsequently changed; or
- Adequate supporting documentation has not been provided.

I understand and agree that for CAAM to proceed with this application, I must:

- Forward all supporting documentation as required by the specific approval being applied for.

Note. – CAAM may send materials/responses relating to this application by email or by mail.

Name		Signature		Date	
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Section C, Part 2 – Declaration by Organisation/Employer

DECLARATION

I hereby declare that the above details submitted by _____ are true in every respect and meet all the requirements as stipulated by CAD 6009 – Cabin Crew.

Name of HOT/ CPTS/ DFO/ FOM	
Signature	
Date (dd/mm/yy)	