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|-----------------|----------------------------------------|--------------------|
| SECTION: | LICENSING FORMS | LIF-MED-035 |
| TITLE: | REQUEST FOR MEDICAL CERTIFICATE | |

| | |
|-------------------------------------|--|
| Date: | |
| Aeromedical Centre / Clinic: | |
| Quantity: | |

Payment Methods:

Invoice

Cash,

Total Amount: _____

Cheque,

Total Amount: _____, Bank details: _____

| | |
|--------------------|--|
| Request by: | |
| Date: | |
| Signature: | |
| Remarks: | |

For any Inquires please contact:

CAMA – ASAS - Personnel Licensing & Examinations Directorate - Aeromedical Department; on 00967 1 337168/ 00967 1326811

Sana'a, P.O Box 7251

Email: civilaviaton@y.net.ye