



SECTION:	LICENSING FORMS	LIF-RLI-001
TITLE:	REQUEST TO RELEASE LICENCE INFORMATION	

Instruction: Please complete this form, either electronically / type written or, write in Block Capitals using black or dark blue ink. Fill in the full name as it is shown in the passport. Put a tick (✓) in the box for the appropriate option to choose. Failure to sign the form or to fill out the boxes and sections with correct information may result in delay or rejection of your application

PART – 1 - APPLICANT DETAILS

Name: _____ Gender: Male Female

Date of birth: _____ Age: _____

CAMA Licence No. (if any): _____ ID Card/Passport No.: _____

Nationality: _____ Name of Employer (if any): _____

Address: _____ Mobile Number (s): _____

Email Address: _____

PART – 2 - DOCUMENTS CHECKLIST / ATTACHEMENTS
(Please enclose the following documents in support of this application)

S. No.	Required Documents	Submitted (For CAMA Use Only)
1-	Request letter from a third party	<input type="checkbox"/>
2-	Copy of current licence	<input type="checkbox"/>
3-	Copy of current CAMA medical certificate	<input type="checkbox"/>
4-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
5-	Other (Specify if any): _____	

PART – 3 - LICENSE & MEDICAL DETAILS

Medical Certificate Number: _____ Class: I II Expiry Date: _____

License Number: _____ License Type: _____ Expiry Date: _____

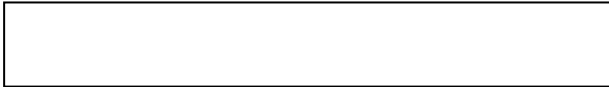
PART – 4 - APPLICANT CONSENT TO RELEASE INFORMATION

I declare that the information provided on this form is correct and thereby consent to the disclosure by the Yemen Civil Aviation & Met Authority (CAMA) to of details associated with my Yemen issued licence to:

Airline/Company Name: _____

E-mail: _____

Address: _____


 Signature of Applicant (Sign inside the above box)

Date: _____

PART – 5 - CAMA ACTION
(For CAMA Use Only)

5-1 INSPECTOR / OFFICER ASSIGNED TO THIS APPLICATION

Forward Request More Information Reject Approve

Comments of Inspector / Officer assigned to this application:

Name of Inspector / Officer assigned to this application: _____

Signature: _____ Date: _____

6-2 PEL MANAGER / D.G. OF PEL & EXAMINATION

Reject Approve

Name of PEL Manager / D.G. of PEL & Examination: _____

Signature: _____ Date: _____