



<b>SECTION:</b>	<b>LICENSING FORMS</b>	<b>LIF-AC-010</b>
<b>TITLE:</b>	<b>APPLICATION FOR ADDITIONAL TYPE RATING OF CABIN CREW LICENSE</b>	

**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: \_\_\_\_\_

Licence No.: \_\_\_\_\_ ID Card/Passport No.: \_\_\_\_\_

Nationality: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

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 employer or FTO	<input type="checkbox"/>
2-	Copy of current SEP / Type training certificate from approved FTO	<input type="checkbox"/>
3-	Copy of current Cabin Crew licence	<input type="checkbox"/>
4-	Copy of current Medical Certificate	<input type="checkbox"/>
5-	Colour passport size photo with uniform & blue background.	<input type="checkbox"/>
6-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
7-	Other (Specify if any): _____	<input type="checkbox"/>

**PART – 3 - LICENSE & MEDICAL DETAILS**

Do you hold a medical certificate?  Yes  No (If so, please complete the following items):  
Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you hold or ever held a Cabin Crew License?  Yes  No (If so, please complete the following items):  
Licence Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Has your license ever been suspended or revoked?  Yes  No (If so, please submit details in separate sheet)

Has your Medical Certificate been refused, downgraded, issued with a waiver, or issued with a limitation (except for use and carriage of glasses)?  Yes  No (If so, please submit details in separate sheet)

**PART – 4 - APPLICATION / REQUESTED TYPE RATING DETAILS**

Name of approved Training Organization: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

S. No.	Type Ratings	SEP Date	Name of Instructor / Examiner
1-			
2-			
3-			
4-			



<b>SECTION:</b>	<b>LICENSING FORMS</b>	<b>LIF-AC-010</b>
<b>TITLE:</b>	<b>APPLICATION FOR ADDITIONAL TYPE RATING OF CABIN CREW LICENSE</b>	

**PART – 6 - APPLICANT DECLARATION**



I hereby declare and certify that I have read and understood all the questions and notes set forth in this application and the answers I have furnished on all pages of this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the refusal of this application or the revocation/suspension of the licence or rating.



Signature of Applicant (Sign inside the above box)

Date: \_\_\_\_\_

**PART – 7 - CAMA ACTION  
(For CAMA Use Only)**

**7-1 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: \_\_\_\_\_

**7-2 PEL MANAGER / D.G. OF PEL & EXAMINATION**

Reject   
  Approve

Name of PEL Manager / D.G. of PEL & Examination: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_