



SECTION:	LICENSING FORMS	
TITLE:	APPLICATION FOR INITIAL ISSUE / RENEWAL / ADDITIONAL TYPE RATING OF FLIGHT DISPATCHER LICENSE	LIF-AC-011

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 (Initial Issue)	Submitted (For CAMA Use Only)
1-	Request letter from applicant, employer or FTO	<input type="checkbox"/>
2-	Copy of flight dispatcher course completion certificate from approved FTO or Meet the experience requirement of the YCARs Part II for the issuance of AFDL	<input type="checkbox"/>
3-	Copy of national ID card or passport (Must be 21 years of age)	<input type="checkbox"/>
4-	Copy of On Job Training (OJT) completion certificate	<input type="checkbox"/>
5-	Copy of Competency Check / Route Familiarization Report / General Declarations (GD)	<input type="checkbox"/>
6-	Colour passport size photo with uniform & blue background.	<input type="checkbox"/>
7-	Copy of fee receipt	<input type="checkbox"/>
8-	Other (Specify if any): _____	

S.NO.	Required Documents (Renewal)	Submitted (For CAMA Use Only)
1-	Request letter from applicant, employer or FTO	<input type="checkbox"/>
2-	Copy of recurrent training course completion certificate from approved FTO	<input type="checkbox"/>
3-	Copy of Competency Check / Route Familiarization Report / General Declarations (GD)	<input type="checkbox"/>
4-	Colour passport size photo with uniform & blue background.	<input type="checkbox"/>
5-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
6-	Other (Specify if any): _____	

S.NO.	Required Documents (Additional Type Rating)	Submitted (For CAMA Use Only)
1-	Request letter from applicant, employer or FTO	<input type="checkbox"/>
2-	Copy of type rating training course completion certificate from approved FTO	<input type="checkbox"/>
3-	Copy of Competency Check / Route Familiarization Report / General Declarations (GD)	<input type="checkbox"/>
4-	Colour passport size photo with uniform & blue background / without wearing glasses or head coverings.	<input type="checkbox"/>
5-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
6-	Other (Specify if any): _____	



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PART – 3 - LICENSE DETAILS

Do you hold or ever held a Flight Dispatcher 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)

PART – 4 - APPLICATION DETAILS

Licence Initial Issue Licence Renewal Additional Type Rating

Name of approved Training Organization: _____ **Graduation Date:** _____

PART – 5 - 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 – 6 - CAMA ACTION
(For CAMA Use Only)

6-1 INSPECTOR / OFFICER ASSIGNED TO THIS APPLICATION

1- Age: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	3- Experience: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
2- Knowledge: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	4- Others: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
<input type="checkbox"/> Forward <input type="checkbox"/> Request More Information <input type="checkbox"/> Reject <input type="checkbox"/> 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:** _____