



<b>SECTION:</b>	<b>LICENSING FORMS</b>	<b>LIF-AC-006</b>
<b>TITLE:</b>	<b>APPLICATION FOR AMENDMENT / REPLACEMENT OF CABIN CREW LICENSE (LOST, DAMAGED OR CHANGE OF INFORMATION)</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 applicant, employer or FTO	<input type="checkbox"/>
2-	Copy of current cabin crew licence	<input type="checkbox"/>
3-	Copy of current medical certificate	<input type="checkbox"/>
4-	Copy of current national ID card / passport	<input type="checkbox"/>
5-	Original copy of licence (For damaged license / change of information)	<input type="checkbox"/>
6-	Police report (For lost license)	<input type="checkbox"/>
7-	Colour passport size photo with uniform & blue background.	<input type="checkbox"/>
8-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
9-	Other (Specify if any): _____	

**PART 3 – CHANGE OF INFORMATION**  
Please list the items to be changed

Item to Be Changed	Old Item (Same as On License)	New Item
<input type="checkbox"/> Name		
<input type="checkbox"/> Date Of Birth (DOB)		
<input type="checkbox"/> Nationality		
<input type="checkbox"/> Employer		

**PART – 4 - LICENSE & MEDICAL DETAILS**

Medical Certificate No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Has your medical certificate ever 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)

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



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**PART – 5 - APPLICATION DETAILS**

Application Type:       Change of Information       Lost       Damaged

**PART – 6 - SEP Training details**

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

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

**PART – 6 - APPLICANT DECLARATION**

Photo  
with uniform  
& blue  
background

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: \_\_\_\_\_