



SECTION:	LICENSING FORMS	LIF-AC-007
TITLE:	APPLICATION FOR CREW MEMBER CERTIFICATE INITIAL ISSUE / RENEWAL / CHANGE OF INFORMATION / LOST / DAMAGED	

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: <input type="checkbox"/> Male <input type="checkbox"/> 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 national ID card / passport	<input type="checkbox"/>
3-	Police report (for lost license)	<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): _____	

***Note:** "CAMA may request the operator to provide a letter confirming that all applicant's information submitted previously to CAMA is valid & current.

PART – 3 - APPLICATION DETAILS

Initial Issue Renewal Change of Information Lost Damaged

Crew Member Certificate (CMC) No.: _____ Expiry Date: _____

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

PART 4 – FOR CHANGE OF INFORMATION ONLY
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		



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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 certificate, licence or rating.

[Signature Box]

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: _____