



SECTION:	LICENSING FORMS	LIF-MED-005
TITLE:	AeMC APPLICATION	

1 - APPLICATION DATA	
Name & Address of AeMC (registered business address)	
Contact person (responsible for this application) Name:	
Job Title:	
Phone:	
Email:	
2- IDENTIFICATION OF ACTIVITY	
<input type="checkbox"/> Initial Approval <input type="checkbox"/> Renewal Approval <input type="checkbox"/> Change Approval	
3- MEDICAL ACCOUNTABLE MANAGER	
Name:	
AME Designation Number:	
Class 1 Privilege Since (DD / MM / YYYY):	
4- DEPUTY ACCOUNTABLE MANAGER	
Name:	
AME Designation Number:	
Class 1 Privilege Since (DD / MM / YYYY):	
5- NAME OF QUALIFIED AME (S)	
Use Annex I to list all qualified AMEs, medical staff and supporting specialist consultants	
6- NAME OF NURSES & ADMIN STAFF	
Use Annex II to list all Aviation nurses and Admin staff	
7- PROPOSED ADMINISTRATION DOCUMENTS & MANUALS SUBMITTED WITH THE APPLICATION	
<input type="checkbox"/> Management System documentation <input type="checkbox"/> Head of AeMC and the Deputy CV <input type="checkbox"/> Staff training records <input type="checkbox"/> Documents of clinical attachment, or liaison with designated hospitals or medical institute <input type="checkbox"/> Medical department structure <input type="checkbox"/> SOP manual <input type="checkbox"/> Internal Verification procedure <input type="checkbox"/> Others	



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8- DETAILS OF PROPOSED COMPLIANCE MONITORING SYSTEM		
Items	Reference in the organization's documentation	
a. Means and methods establishing the internal audit process		
b. Means and methods establishing the feedback system of audit findings to the accountable manger		
c. Nominated person or group of persons, ultimately responsible to the accountable manager of ensuring that the organization remains in compliance with the applicable requirements		
d. Means and methods making personnel aware of their responsibilities		
e. Procedure for amending the documentation		
f. Compliance with the requirement for the direct safety accountability of the accountable manger		
g. Procedure for release of Medical information		
h. Procedure of Cabin crew Medical assessment &/or examination		
i. Procedure for nurse's competency check		
j. Details description of the compliance monitoring function of the management system		
k. Compliance with the requirement for the organization's safety policy		
l. Compliance with the requirement for identification of aviation safety hazards entailed by the activities of the organization (in terms of mean and methods)		
m. Compliance with the requirements for the evaluation and the management of risks associated with the identified aviation safety hazards (in terms of means and methods)		
n. Compliance with the requirement for the actions to be taken to mitigate the risk and verify their effectiveness (in terms of means and methods)		
o. Compliance with the requirements for making personnel aware of their responsibilities as regards the safety functions (in terms of means and methods)		
Notes: If answer to any of the above questions is incomplete: Please provide full details of alternative arrangements separately.		
9- APPLICANT'S DECLARATION AND ACCEPTANCE OF THE GENERAL CONDITIONS AND TERMS OF PAYMENT		
<p>I declare that I have the legal capacity to submit this application to the CAMA and that all information provided in this application form is correct and complete.</p> <p>I have understood that I am submitting an application for which fees or charges will be levied by CAMA in accordance with the fees and charges levied by the CAMA, as last amended.</p> <p>I declare to be aware that fees or charges, as well as all relevant travel costs must be paid whether or not the application is successful and that they might not be refundable. Moreover, I declare that I am aware of the consequences of non-payment.</p>		
I, the undersigned, certify that all the above information given is complete and correct		
Date/Place	Name of Accountable Manager	Signature
10- FOR CAMA USE ONLY		
Aeromedical Inspector Name	Signature	Date
Aeromedical Manager Name	Signature	Date



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ANNEX I: LIST OF QUALIFIED AMES, MEDICAL STAFF AND SUPPORTING SPECIALIST CONSULTANTS		
No.	Identification & Qualification	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	

Note: You may copy the Annex if required to add more names.



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ANNEX II: LIST OF AVIATION NURSES, AND ADMIN STAFF		
No.	Identification & Qualification	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	

Note: You may copy the Annex if required to add more names.