

APPLICATION FORM

APPLICATION FOR ACCEPTANCE OF CERTIFYING STAFF

GRANT EXTENSION

This form will take about 5 mins if you have the required information

Part I - PERSONAL PARTICULARS OF APPLICANT

| | |
|--|-------------------------|
| Applicant Name : | NRIC / Passport No : |
| Postal Address : | Tel (H) : Tel(O) : |
| Name of Employer : | Designation : |
| Licence No. (if any) : | Endorsements : |
| Company authorisation presently held : | |
| Authorisation requesting for (Details of the limitations in scope of Authorisation): | |

Part II - TRAINING (ATTACH CERTIFICATES WHERE APPLICABLE – USE ADDITIONAL SHEETS IF REQUIRED)

| TYPE OF COURSE | CONDUCTED BY WHOM | PERIOD (MONTH / YEAR) | EXAM RESULTS |
|----------------|-------------------|----------------------------|-----------------|
| | | | |

| | | |
|-------|------------------------|-----------|
| _____ | _____ | _____ |
| Date | Applicant's Name | Signature |
| _____ | _____ | _____ |
| Date | Quality Manager's Name | Signature |

For Official Use Only

Accepted - Organisation Approval No: _____

Period of Validity: From _____ to _____

Limitations:

Not Accepted

Airworthiness Officer
Name, Signature & Date