

APPLICATION FOR AIRCRAFT TYPE TECHNICAL EXAMINATION



Instructions

General

1. This application form will take approximately 5 minutes to complete. Incomplete applications will not be processed.
2. The completed form is to be submitted to:
*My PEL Hub, Safety Policy and Planning Division, Civil Aviation Authority of Singapore,
South Finger Pier Level 3, #038-035, Singapore Changi Airport Terminal 2, Singapore 819643*

Payment

3. You are required to make payment through credit card (VISA/ MasterCard) at the point of application. Please refer to the Twelfth Schedule of the Air Navigation Order for the application fee.
4. For payments made by Telegraphic Transfer, please note the following details:

Bank Name: DBS Bank Ltd
 Bank Address: 12 Marina Boulevard, DBS Asia Central,
 Marina Bay Financial Centre Tower 3,
 Singapore 018982
 Account Name: Civil Aviation Authority of Singapore
 Account No.: 0039186673
 Bank Code: 7171
 Branch Code: 003
 Swift Code: DBSSSGSG

Please state the payment description in the format as shown below:

Purpose of Payment For	Payment Description	Example
Aircraft Type Technical Exam	Tech Exam [Aircraft Type] [Reference letter No.]	Tech Exam A330 GT123456

Examination Instructions

5. You must report at least 15 minutes before the scheduled time of the exam. Latecomers will be denied entry and fees will be forfeited.
6. You are not permitted to bring any reference materials or paper into the examination centre.
7. You must produce your NRIC/ Passport for identification on the day of the exam.
8. Unsatisfactory conduct, infringement of exam regulations will result in disqualification in all attempted subjects you will be barred from further participation in other exam.

Part I – Personal Particulars

Name as in NRIC/ Passport: (please underline surname)	NRIC Number: (For Singapore Citizen/ PR)
Address:	Tel (Home):
	Tel (Mobile):
Email:	
Training Organisation:	Employer:

For PR and Non-Singapore Citizen:

Nationality:

Passport No:

Country of Issue:

Part II – Current Licence Held (If Applicable)

Licence Type & No.:

Expiry Date:

Part III – Aircraft Type Technical Examination

Date of Intended Examination:

Examination Venue:

Aircraft Type:

Attempt No.:

Part IV – Declaration and Consent to Disclosure and Collection of Information.

Please answer all the questions below. If the answer is "Yes", please provide details in the textbox below, otherwise check "No".

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 1. Have you contravened any provision in the Air Navigation Act or any aviation safety subsidiary legislation that results in imposition of conditions, suspension or revocation of your aviation safety instrument? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently or have been disqualified from holding any aviation safety instrument? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently being or have you been the subject of any investigation or suspension actions by any civil aviation authority(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any history of physical or mental health or serious behavioural problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you convicted for any offence, whether or not the conviction was in a Singapore court? | <input type="checkbox"/> | <input type="checkbox"/> |

If "Yes", please provide details:

I declare to the best of my knowledge and belief that the statements made and the information supplied in this form are complete and correct. I understand that any false representations made by me for the purpose of procuring the Singapore aviation safety instrument is an offence under section 29C(1)(b) of the Air Navigation Act and I may be subject to the penalties stipulated thereunder and any Singapore aviation safety instrument granted pursuant to the application will be revoked.

I hereby declare that I will maintain secrecy of all radiotelephony communications and shall not improperly divulge to any person the purpose or contents of any message which may come to my knowledge in connection with the operation of any radio apparatus on board the aircraft.

I agree that CAAS may collect, use, and disclose my personal data to the Government of the Republic of Singapore and other public agencies, and aviation authorities, as provided in this application form, or obtained by CAAS as a result of processing my application for the purposes of assessing my application and the administration of any regulatory document that may be granted by CAAS, verification of regulatory documents issued by CAAS, or enforcing and ensuring my compliance with the relevant transport safety regulatory requirements.

(Please check the box below to indicate your preference)

- I agree that CAAS may collect and use my personal data, which includes my contact information (e.g. email addresses, phone numbers and postal addresses) to receive information on aviation-related events and training.

Please visit our <https://www.caas.gov.sg/privacy-statement> for further details on our privacy statement

Signature of Applicant:	Date (dd/mm/yyyy):
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For Official Use		
Date received:	Received by:	Processed by:
Attach Receipt Issued by POS	Receipt No:	Payment method: <input type="checkbox"/> Credit Card <input type="checkbox"/> Telegraphic Payment