

# APPLICATION FOR FLIGHT ENGINEER LICENCE



Civil Aviation Authority of Singapore

## Instructions

### General

1. This application form will take approximately 5 minutes to complete. Incomplete applications will not be processed.
2. This application form is to be submitted provided you have a valid medical certificate or ascertained that your medical assessment has been assessed as "fit" by the Civil Aviation Medical Board (CAMB).
3. The completed form is to be submitted to:  
*Personnel Licensing Section, Safety Policy & Licensing Division, Civil Aviation Authority of Singapore,  
Basement Unit No.B16-006-03, Singapore Changi Airport Terminal 2, Singapore 819643*

### Payment

4. You are required to make payment through credit card (VISA/ MasterCard), cheque or money order at the point of application. Please refer to the Twelfth Schedule of the Air Navigation Order for the application fee.
5. Crossed cheque payment must be made payable to "Civil Aviation Authority of Singapore".

### Collection

6. Assessment of the initial application would take approximately *5 working days* from the date of submission. You will be notified when the licence is ready for collection at the Personnel Licensing office.

### Supporting Documents

	For Initial Application	For CAAS Use
1.	A recent coloured passport photograph with your name written on the back	
2.	A copy of identity document. (Eg. Front & Back of NRIC/ Passport)	
3.	Logbook with entries certified by the organisation	
4.	A copy of all examination results	
5.	A copy of foreign licence, if applicable	

## Part I - Application Type (Please tick the appropriate box)

I am applying for:	<input type="checkbox"/> Flight Engineer Licence (Initial Issue)	<input type="checkbox"/> Flight Engineer Licence (Renewal) Licence Number: _____
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## Part II – Personal Particulars

Name as in NRIC/ Passport: (please underline surname)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: (dd/mm/yyyy)	Age: (as at date of application)	NRIC Number: (For Singapore Citizen/ PR)
Address:	Tel (Home):	
	Tel (Mobile):	
Email:	Name of Employer:	
For PR and non-Singapore Citizen:		
Nationality:	Passport No:	Country of Issue:

## Part III – Particulars of Licence Already Held (For Initial Application)

Type of Licence:	Licence Number:
Country of Issue:	Licence Expiry Date:

Aircraft Type	Date of most Recent Flight	Date of Last Flight Test	Date of Expiry of Aircraft Rating

#### Part IV – Aircraft Ratings to be Endorsed in the Licence (For Initial Application)

Aircraft Type Sought:	Date of Test:
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#### Part V – Declaration and Consent to Disclosure and Collection of Information

I am currently not and have not been the subject of any investigations or suspension actions by any civil aviation authority(s). I am not, or have not committed, or been charged, in court with any psychoactive substance abuse offences. I am not suffering from any physical or mental condition which renders me unfit to exercise the privileges of this licence.

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 licence is an offence under the Air Navigation Order (ANO) and I may be subject to the penalties stipulated there under and any Singapore licence granted pursuant to the application will be revoked.

I authorise the collection by the Chief Executive of the Civil Aviation Authority of Singapore or any person authorised by the Chief Executive, and the disclosure to the Chief Executive by any person, organisation or government department, of any details of my knowledge & compliance with transport safety regulatory requirements.

I authorise the Chief Executive to use, and disclose, the information obtained about me for any purpose under the Air Navigation Order, or other such purpose permitted by law.

Signature of Applicant:	Date (dd/mm/yyyy):
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#### For Official Use

Date application received (dd/mm/yyyy):	Received by:	Document Issued by:	Date applicant notified (dd/mm/yyyy):
Attach Receipt Issued by POS	Receipt No:	Payment method: <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order (MO) <input type="checkbox"/> Cheque  MO/ Cheque No.: _____	
Date of issue: (dd/mm/yyyy)	ECG:	Audio:	Vision:
Expiry Date: (dd/mm/yyyy)	Date of Medical: (dd/mm/yyyy)	Date Fit: (dd/mm/yyyy)	Others: