FOR OFFICIAL USE



PIHAK BERKUASA PENERBANGAN AWAM MALAYSIA **CIVIL AVIATION AUTHORITY OF MALAYSIA**

APPLICATION FOR INITIAL ISSUE OF AN AIRLINE TRANSPORT	FEE PAYABLE:
PILOT LICENCE (ATPL)	RECEIPT NO:
TYPE OF AIRCRAFT AEROPLANE HELICOPTER	DATE:
IMPORTANT NOTICES	SIGNATURE:

IMPORTANT NOTICES				SIGNATURE:		
 This form, when completed The payment and docume Evidence of qualifications You will be notified when y All dates to be written in do 	nt certifyir must mee our licend	ng details can be foot t the requirements f	und in CAGM 1001 - for the issue of the li	- FCL.	1.	
SECTION 1: PERSONAL P	ARTICUL	AR OF APPLICAN	Т			
NAME:						
ADDRESS:						
CONTACT NO:		EMAIL:				
NATIONALITY:		NRIC OR PASSPORT NO:				
DATE OF BIRTH:		PLACE OF BIRTH:				
SECTION 2: MEDICAL EXA	MINATIO	ON				
NAME OF EXAMINER:						
DATE OF MEDICAL EXAMI	NATION:					
PLACE OF MEDICAL EXAMINATION:						
SECTION 3: PARTICULARS OF LICENCE HELD						
COUNTRY OF ISSUE:		TYPE OF LICENCE:				
LICENCE NO:		EXPIRY DATE:	<u> </u>		OF LAST IRT:	
		I				
SECTION 4: AIRCRAFT RA	ATINGS E	NDORSED IN THE	LICENCE			
TYPE OF AIRCRAFT	DATE	OF LAST FLIGHT	P1/P2		DATE OF LAST LPC	

SECTION 5: DECLARATION OF R/T SECRECY	
I,	
Signature of Declarant:	Date:
SECTION 6: APPLICATION AND DECLARATION	
I hereby apply for the grant of an Airline Transport Pilot Licence and R/T Licenthat all particulars given in this form and all the attachments for ATPL are combelief, and since the date on which I was medically examined, I have not disease.	orrect to the best of my knowledge and
Signature of Applicant:	Date:
FOR OFFICIAL USE ONLY	
Logbook and Licence checked on:	
Flying experience is satisfactory for the issue of ATPL	
Passed ATPL subjects on:	
ATPL issued on the strength of :	
Signature:	Date:

FLYING EXPERIENCE

- 1) The flying experience requirements for the ATPL are set out in CAD 1 PEL.
 2) All claims on P1 U/S must be signed by the PIC on each flight entry in the logbook.

	HOUR	S CLAIMED	QUALIFYING MINIMA		
ITEM	AEROPLANE	HELICOPTER	AEROPLANE	HELICOPTER	
TOTAL EXPERIENCE					
1. AS PIC			70	70	
2. AS P1 U/S			180	180	
3. AS P2 (50% OF P2)					
4. AS DUAL ON DUAL CONTROL AIRCRAFT (P3)					
TOTAL 1- 4			1500	1000	
CROSS COUNTRY					
1. AS PIC + P1 U/S			100	100	
2. AS P2 (50% OF P2)					
TOTAL 1 - 3			200	200	
NIGHT FLYING					
1. AS PIC					
2. AS P1 U/S					
3. AS P2 (50% OF P2)					
TOTAL 1 - 3			100	50	
INSTRUMENT FLYING					
1. IN THE AIR					
2. IN APPROVED SIMULATOR			MAX 30	MAX 10	
TOTAL 1 - 2			75	30	
MUTLI-CREW CO-OPERATION (operation)	ations in a multi- _l	oilot aircraft)			
1. TOTAL		•	500	350	
RECENT EXPERIENCE (LAST 6 MONT	ГНЅ)				
1. AS PIC, OR			10	0	
2. AS P2 OR P1 U/S			20	20	
I certify that all the particulars entered in true to the best of my knowledge and be	this form are lief.	CER	TIFIED BY EMPLOY	/ER:	
SIGNATURE: DAT	ΓE :	SIGNATURE AND STAMP		 MP	

CHECKLIST FOR AN AIRLINE TRANSPORT PILOT LICENCE (ATPL)

DΙ	F	۸	C	F	√
		н		_	v

1. Duly completed ATPL application form (CAAM/BOP/FCL/4)	
2. CERTIFIED Photocopy of theoretical knowledge examination certificate.	
3. Duly completed ATPL Skill Test Check Form (CAAM/BOP/FCL/9–MCA–ST/BC)	
4. A valid Class 1 medical certificate	
5. Original flying logbook, flying hours CERTIFIED by company	
6. CERTIFIED Photocopy of the last 5 pages of the current flying logbook.	
7. CERTIFIED Photocopy of Commercial Pilot Licence (CPL)	
8. Two (2) recent colour photo (25mm x 32mm). (name printed at the back)	
9. Other supporting documents (please specify)	
i.	
ii.	

*NOTE:

Processing time will depend on the availability of inspectors and number of applications.

Do not \checkmark which is not applicable for your application.

INCOMPLETE SUBMISSION WILL BE REJECTED