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