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|  | Ձև 5Appendix 5 |
|  **Application for the Issue/Renewal of Cabin Crew Attestation** issued under the Air Crew Regulation | ՀՀ զինանշան**Civil Aviation Committee** |

Airport “Zvartnots”, Yerevan 0042, Phone: +37410 280722 |web: [www.aviation.am](http://www.aviation.am) |e-mail: gdca@gdca.am

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| ***Personal Details*** |  |
| Title:..……………… Name/Surname of the Applicant:....................................................................................................................... Date of Birth (dd/mm/yyyy): ......................................................... Nationality: ...............................................................................Place of Birth: .............................................................................. Country of Birth:......................................................................Address and Postcode:...................................................................................................................................................................................Email: ..........................................................................................................................................*.......................................................*......Telephone Number: ...............................................................................................................................................................*...*.......*...*.. |
| ***Medical Fitness*** |  |
| Class of Medical Certificate held | Date of last Medical | Date of Expiry |
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| Note: Your Medical Certificate must be valid on the licence issue date. If your Medical Certificate is due to expire within 14 days after the date of application for licence issue, please complete the followingMy medical examination will take place at on A licence will not be issued to any person unless their medical records supporting their Part-MED medical certificate are held by an Aeromedical Centre located in the Republic of Armenia. |

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| ***Application (tick as appropriate)*** |
|  I hereby apply for the issue of a Cabin Crew Attestation as follows;Initial Issue Renewal  |
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|  ***COMPLETION OF INITIAL TRAINING (for initial issue application)*** |  |
|   Course Date(s) .......................................................................................... Examination Date: .........................................*...*.......*...*.. Name of Airline/ATO...............................................................................................................................................................*...*.......*...*..AOC/ATO Approval reference No.: ....................................................................................................................................................*This section must be signed by the Head of Training (or nominated Deputy) of the Airline or Cabin Crew Approved Training Organisation (ATO) that conducted the initial course of training (CC.TRA.220).*I certify that.........................................................................has satisfactorily completed a course of training in accordance with CC.TRA.220 for the issue of a Cabin Crew Attestation and has passed the required examination covering all parts of the course. Signature ......................................................................................... Date .................................................................................... Name/ Surname............................................................................... Position ............................................................................ |

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|  ***COMPLETION OF CONTINUATION/REFRESHER TRAINING (for renewal application)*** |  |
|   Course Date(s) .......................................................................................... Examination Date: .........................................*...*.......*...*.. Name of Airline/ATO...............................................................................................................................................................*...*.......*...*..AOC/ATO Approval reference No.: ....................................................................................................................................................*This section must be signed by the Head of Training (or nominated Deputy) of the Airline or Cabin Crew Approved Training Organisation (ATO) that conducted the initial course of training (CC.TRA.220).* I certify that......................................................................has satisfactorily completed a continuation/refresher training  In accordance with ORO.CC.140 for the renewal of a Cabin Crew Attestation. Signature ......................................................................................... Date .................................................................................... Name/ Surname............................................................................... Position ............................................................................ |
|  ***Declaration***  |  |  |  |
| *Under full civil and criminal liability, I declare:* |
| *I declare that the information provided on this form is true to the best of my knowledge and belief.*  *I declare that I have never held any licence, rating certificate, or authorization issued in another ICAO Contracted State that was revoked or suspended.I understand that the information provided may require verification from the issuing authorities (for foreign CC attestation holders).* |
|  *Applicant’s signature:*  *Place and date:*   |

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|  ***With the application form, the applicant must submit:*** | ***For Official******Use only***  |
| 1. *Covering Letter from the company*
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| 1. *Application Form: duly filled & signed*
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| 1. *Copy of licence (if applicable)*
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| 1. *Evidence (certificate) of completion of the applicable required approved training. (CC initial training and SEP)*
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| 1. *Copy of medical certificate*
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| 1. *Copy of the ATO/AOC certificates (OpS Specs) (not applicable for Armenian AOC/ATO holders)*
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| 1. *Prescribed Fee*
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| 1. *Copy of ID card or copy of passport*
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| 1. *Other documents on CAC request*
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| ***For Official Use Only***  |
|  Date of Receipt: |
|  Enclosures Checked by:  |
|  Application: Accepted: Rejected:  |
|  Remarks: |
|  Signature of the head of the PEL division or the Inspector  |  Date: |

**Send the complete form to:**

Civil Aviation Committee of the Republic of Armenia

Airport “Zvartnots”, Yerevan 0042

Email: gdca@gdca.am

**It is important to send all the documents to avoid a delay in the issue of the licence.**

**Fee:** The applicable fee in the Law State Duty of RA has to be submitted with the application.

**Treasury Account Number** of the Ministry of Finance of the Republic of Armenia: 900005003448.

Please mention the service name when making payment.