



# TRINIDAD AND TOBAGO CIVIL AVIATION AUTHORITY

## APPLICATION FOR DESIGNATION AS A CIVIL AVIATION MEDICAL EXAMINER

1. I hereby apply for **Designation as a CIVIL AVIATION MEDICAL EXAMINER.**

2. (a) Surname.....  
(BLOCK CAPITALS)

(b) First name (s) .....  
(BLOCK CAPITALS)

3. (a) Business Address: ..... (b) Postal Address: .....  
.....  
.....

4. (a) Private Telephone No. .... (b) Business Telephone No. ....

5. Place of Birth: ..... 6. Date of Birth: .....  
yy/mm/dd

7. Nationality: ..... 8. Sex: M  F

9. Name of University/Institute graduated from. ....

10. MEDICAL QUALIFICATIONS:  
.....  
.....  
.....

11. Are you conversant with the legislation and Regulations in effect for the Designation. YES  NO

12. Description of last Aviation Medical Workshop/Training .....  
.....

13. **DECLARATION** – I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

.....  
**Date of Application**

.....  
**Signature of Applicant**

### FOR OFFICIAL USE ONLY

Fees Paid:	Date:	Receipt #	File #
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This application is:    Approved                       Not Approved

Remarks: .....  
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.....

.....  
Officer Reviewing Application

.....  
Date