



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:
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.....
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:
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.....
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.

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Date of Application

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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

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Date