



**PAKISTAN
CIVIL AVIATION AUTHORITY
PERSONNEL LICENSING OFFICE**
**APPLICATION FOR COMPETENCY CERTIFICATE
CABIN ATTENDANT**

CAAF-152-RGLC-1.0

<input type="checkbox"/> ISSUE	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> ENDORSEMENT	<input type="checkbox"/> RE - VALIDATION	Ref No:				
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Name (Block Letters)	Father's Name
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Address	Email
	Telephone No

1. **To be filled only for initial issue:**

<input type="checkbox"/> Male	Date of Birth <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							Place of Birth	Nationality	Domicile
<input type="checkbox"/> Female										
Educational Qualifications	Height	Weight	Hair	Eyes						
National ID Card No.	Passport No	Date & Place of Issue	Validity							

2. Employer			Staff No.	
Previous Employer		From	To	Position
3. Aircraft Endorsement	Type	Date	Type	Date
	Type	Date	Type	Date

4. Application Certificate

I certify that the statements made by me on this application are true to the best of my knowledge and belief and I have not violated duty time limitations contained in CARs 1994, ANO-91.0042 and Operations Manual of the operator since last issue/renewal.

Date _____

Signature of Applicant

5. Certification (by Director Flight Services)

Certified that I have examined the credentials of Mr./Mrs./Miss _____ and to the best of my knowledge the above information is correct.

Date _____

Signature & Stamp
Certification Officer

Note: It is an offence to make, any false presentation for the purpose of issue of any Licence/ Certificate or Endorsement under Civil Aviation Rules. Any person doing so would render him/her liable to disciplinary action.



**PAKISTAN
CIVIL AVIATION AUTHORITY
PERSONNEL LICENSING OFFICE
CERTIFICATE OF TRAINING
CABIN CREW**

CAAF-153-RGLC-2.0

<input type="checkbox"/> Initial Training	<input type="checkbox"/> Recurrent Training	<input type="checkbox"/> Renewal	<input type="checkbox"/> Endorsement	<input type="checkbox"/>	Ref No: <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table>				

Name (Block Letters)			
Father's Name			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Staff No.: 3490	Employer's Name:

Fill only Applicable Columns			
S.No	Activity	Details	Monitored by CAA (if applicable)
a.	Class Room Training	From _____ To _____ CAAF-646 Part A filled	
b.	Fire Drill	Date _____ Location _____ CAAF-646 Part B filled	
c.	Wet Drill	Date _____ Location _____ CAAF-646 Part B filled	
d.	Evacuation Drill	Aircraft Type _____ Date _____ CAAF-646 Part B filled	
		Aircraft Type _____ Date _____ CAAF-646 Part B filled	
		Aircraft Type _____ Date _____ CAAF-646 Part B filled	
e.	Under Supervision Flight/s (separate CAAF-646 for each flight)	Date _____ Flight _____ Sector _____ CAAF-646 Remarks _____	N/A
		Date _____ Flight _____ Sector _____ CAAF-646 Remarks _____	
		Date _____ Flight _____ Sector _____ CAAF-646 Remarks _____	
		Date _____ Flight _____ Sector _____ CAAF-646 Remarks _____	
f.	In-flight Proficiency Check	Date _____ Flight _____ Sector _____ CAAF-646 Remarks _____	
		Date _____ Flight _____ Sector _____ CAAF-646 Remarks _____	
		Date _____ Flight _____ Sector _____ CAAF-646 Remarks _____	
		Date _____ Flight _____ Sector _____ CAAF-646 Remarks _____	
g.	Cabin-1 SEP	Date _____ SEP _____ Pass Mark _____	N/A
		Cabin-2 Type Specific	
	Date _____ A/c Type _____ Pass Mark _____		
	Date _____ A/c Type _____ Pass Mark _____		

h.	Remarks	
Date	Name	Approval No
Signature		



PAKISTAN
CIVIL AVIATION AUTHORITY
PERSONNEL LICENSING OFFICE
MEDICAL CERTIFICATE
(Aircrew other than Pilots)

CAAF-155-RGLC-2.0

Licence / Certificate No.

Ref:

Name (Block Letters)

Father's Name

Address

Email

Telephone No

To be filled only for initial issue:

<input type="checkbox"/> Male	Date of Birth	CNIC NO.	Height	Weight	Hair	Eyes	Staff No.
<input type="checkbox"/> Female							

Applicant has met Class – II Medical Standards as in ICAO Annex – 1.

LIMITATIONS

Date of Examination :

Valid until :

Authorized Signature

Dated:

Signature of Holder

NEXT DUE

Next Medical Due _____

E.C.G _____

X – RAY Chest _____

Audiometry _____

Copy to :-

1. Personnel Licensing Office - CAA
2. Chief of Aviation Medicine - CAA
3. Individual Concerned
4. Manager Flight Services – Concerned Airline