



SECTION:	LICENSING FORMS	LIF-AC-018
TITLE:	APPLICATION FOR GROUND EXAMINER DESIGNATION	

INSTRUCTION:	
Please complete this form, either electronically / type written or, write in Block Capitals using black or dark blue ink. Fill in the full name as it is shown in the passport. Put a tick (✓) in the box for the appropriate option to choose. Failure to sign the form or to fill out the boxes and sections with correct information may result in delay or rejection of your application	
1- APPLICATION TYPE	
<input type="checkbox"/> Initial issue <input type="checkbox"/> Renewal	
2- ORGANIZATION DETAILS	
Name of the Training Organization:	
Location Address:	
Telephone No.:	
CAMA Approval Reference:	
3- APPLICANT DETAILS	
Name: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	Age:
Licence No.:	ID Card/Passport No.:
Nationality:	Name of Employer:
Address:	Mobile Number (s): _____
Email Address:	_____
Aviation Specialty: _____	
Were you ever designated as ground examiner? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please submit details in separate sheet)	
Do you hold qualification in aviation or aerospace? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (The experience details can be put in a separate sheet)	
Do you have aviation experience as a pilot? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please submit details in separate sheet)	
Do you hold foreign license? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please complete the following items): Authority: _____ Licence No: _____ Licence Type: _____ Expiry Date: _____	
Do you hold Yemeni license? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please complete the following items): Licence No: _____ Licence Type: _____ Expiry Date: _____	



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PART – 4 - APPLICANT DECLARATION

Photo
with uniform
& blue
background

I certify that the information provided hereon and in attachments is correct to the best of my knowledge and belief and if granted I hereby accept the authority, duties, and responsibilities, and shall conduct such activities in compliance with YCARs, and the directives of the Yemen Civil Aviation & Met. Authority.

Signature of Applicant (Sign inside the above box)

Date: _____

**PART – 5 - CAMA ACTION
(For CAMA Use Only)**

5-1 INSPECTOR / OFFICER ASSIGNED TO THIS APPLICATION

1- Age: Acceptable Not acceptable
2- Knowledge: Acceptable Not acceptable
3- Skill: Acceptable Not acceptable

4- Experience: Acceptable Not acceptable
5- Others: Acceptable Not acceptable

Forward **Request More Information** **Reject** **Approve**

Comments of Inspector / Officer assigned to this application:

Name of Inspector / Officer assigned to this application: _____

Signature: _____

Date: _____

5-2 EXAMINATION MANAGER / D.G. OF PEL & EXAMINATION

Reject **Approve**

Name of Examination Manager / D.G. of PEL & Examination: _____

Signature: _____

Date: _____