



**Civil Aviation Authority - Sultanate of Oman
Flight Safety Department - Personnel Licensing Section
Flight Dispatch Certificate Application Form**

- INITIAL ISSUE
- CONVERSION
- RE-ISSUE
- RENEWAL
- ABRIDGED COURSE

PHOTO
3.0 X 3.5 cm
(No headwear or
glasses)
Blue Background

A. APPLICANT'S IDENTIFICATION

NAME (SURNAME FIRST)		PERMANENT OR COMPANY ADDRESS TELEPHONE NO.....	
DATE OF BIRTH (dd/mm/yy)			
GENDER <input type="checkbox"/> M <input type="checkbox"/> F	EMPLOYER		STAFF NUMBER
NATIONALITY	PASSPORT NUMBER		PLACE OF ISSUE
DATE OF ISSUE	DATE OF EXPIRY		PERSONAL ADDRESS
MOBILE NUMBER		EMAIL ADDRESS	

B. TYPE OF LICENCE/CERTIFICATE HELD

<input type="checkbox"/> OMANI CERTIFICATE	CERTIFICATE NO.	
<input type="checkbox"/> FOREIGN LICENCE/CERTIFICATE	CERTIFICATE/ LIC NO.	STATE OF ISSUE
LICENCE /CERTIFICATE VERIFICATION BY ISSUING AUTHORITY ATTACHED		<input type="checkbox"/> YES <input type="checkbox"/> NO

C. APPLICANT'S CERTIFICATION

I CERTIFY THAT I MEET ALL PERTINENT REQUIREMENTS OF THE REGULATIONS FOR THE CERTIFICATE APPLIED FOR. I ALSO AGREE TO ABIDE BY THE PROVISIONS OF THE CIVIL AVIATION LAW OF OMAN AND THE REGULATIONS ISSUED THEREUNDER.

DATE (dd/mm/yy) : APPLICANT'S SIGNATURE

D. MANAGER TRAINING CERTIFICATION (Only complete applicable areas)

I CONSIDER THE ABOVE APPLICANT READY TO TAKE THE CERTIFICATE FOR WHICH HE IS APPLYING

EXAMINER'S NAME: LICENSE/CERTIFICATE NO:

EXAMINER'S SIGNATURE: DATE: (dd/mm/yy)

I CERTIFY THE ABOVE APPLICANT MEETS THE PREREQUISITES FOR THE CERTIFICATE HE IS APPLYING FOR;

THEORETICAL TRAINING COMPLETED THEORETICAL KNOWLEDGE EXAMINATION RESULT :%(Pass Mark 75%)

OJT COMPLETED REFRESHER TRAINING COMPLETED

MANAGER TRAINING NAME AND SIGNATURE: DATE: (dd/mm/yy)

ON THE JOB TRAINING

INSTRUCTOR'S NAME : LICENSE NO:

E. EXAMINER REPORT OF COMPLETION

EXAMINER NAME:	SIGNATURE:	DATE :
ORAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	PRACTICAL TEST <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	REFRESHER TRAINING COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

F. CAA INSPECTOR REPORT

EXAMINER'S ACTION ACCEPTED: YES NO

CAA INSPECTOR'S NAME :
DATE: (dd/mm/yy) : SIGNATURE :