|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CANDIDATE DETAILS TO BE COMPLETED BY THE APPLICANT** | | | | | | | | |
| **First Name** | | **Middle Name** | **Last Name** | | **Crew Position** | | **License No** |
|  | |  |  | | Pilot  ATC  **C/C** | |  |
|  | | | | | | | | |
| **Type of license** | **Class** | | **Omani/Foreign License Details** | | | **Foreign License Details** *(if applicable)* | | |
| **Omani** License  **Foreign** License |  | | **License No.** | **Medical Expiry date** | | **State of Issue** | | |
|  | DD/MM/YYYY | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CANDIDATE IDENTIFICATION TO BE COMPLETED APPLICANT APPLYING FOR CERTIFICATE** | | | | | | |
| **Gender** | **NATIONALITY** | | **Personal Address** | | | **Telephone No.** |
| **M**  **F** |  | |  | | |  |
| **Passport No.** | **Place of Issue** | **Issue Date** | | **Expiry Date** | **Operator Address** | |
|  |  | DD/MM/YYYY | | DD/MM/YYYY |  | |
|  | | | | | | |
| **Declaration** | | | | | | |
| I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statement. I understand, that if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the Licensing Authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under Sultanate Oman law. I hereby authorize the release of all information contained in this report and any or all its attachments and all information which I have provided to the CAA and that relates to me to my AME and, where necessary, to:   * The Medical Assessor /or ALSI of my licensing authority; and * The Medical Assessor /or ALSI of the competent authority of my AME; and * Other health professionals and administration staff as part of the medical assessment process. * I recognize that these documents or electronically stored data are to be used for completion of a medical assessment and for oversight purposes, providing that I or my physician may have access to them according to Sultanate Oman law. * The medical record will become and remain the property of the Licensing Authority. * Medical confidentiality will always be respected. * NOTIFICATION OF DISCLOSURE OF PERSONAL DATA: * I hereby declare that I have been informed and I understand that the data contained in my medical certificate application according to CAA. MED Form. for Aircrew and ATCO may be electronically stored and made available to my AME, to provide historical data required and to the Aeromedical licensing senior inspector (ALSI). | | | | | | |

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| **Applicant signature** | **Witness Name** | **Witness Signature** | **Date** |
|  |  |  |  |

**AGM Form 02 – Declaration Statement (Rev:02 – 11/07/2021)**