Sultanate of Oman Public Authority for Civil Aviation Directorate General of Civil Aviation Regulation



		ER,ATC OI		OF LOST OR I RING LICENC ICATES		5X3 (NOT REQD FOR ITEM B)	
NOIL	A .NAME(SURNAME FIRST)				H. PERMANENT	H. PERMANENT OR COMPANY ADDRESS	
APPLICANTS IDENTIFICATION	B . DATE OF BIRTH(Day/Mo/Yr) C. SEX			М			
	DPersonal Address						
	E. EMPLOYER	F. STAFF NUMBER					
⋖	G. NATIONALITY						
CENSI	NG DETAILS	(Complete for le	ost licence) :				
TYPE C	OF LICENCE	NUMBER	DATE OF ISSUE	TYPE RATINGS	LAST PROFICIEN	CY EVALUATION ON EACH TYP	
EDICA	L DETAILS (Complete for los	st Medical):				
CLASS		DATE OF ISSUE		LOCATION OF MEDI	CAL EXAMINATION	NAME OF THE EXAMINER	
IEF D	ESCRIPTION	OF HOW THE	LOSS OCCURRI	ED (Attach addition	nal sheets if required)		

Sultanate of Oman Public Authority for Civil Aviation Directorate General of Civil Aviation Regulation



WAS THE LOSS REPORTED TO THE POLICE?							
☐ Yes (1	Please attach details)						
□ No (Give reason)						
,							
APPLICANT'S CERTIFICATION: I DECLARE THAT ALL STATEMENTS I HAVE MADE IN THEIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.							
DATE (Day/Mo.,	./Yr.) APPLICANT'S SIGNATURE:						
DGCAR INSPECTOR'S REPORT							
☐ Approved							
☐ Disapprov	ved						
	AME & SIGNATURE	DATE (Day/Mo./Yr.)					
LIST OF REQUIRED ITEMS TO BE SUBMITTED WITH THIS APPLICATION							
☐ TWO PHOTO 5X3 cms ☐ PHOTO COPY OF PASSPORT/ID ☐ COPY OF LICENCE & MEDICAL							