

**APPLICATION FOR RE-ISSUE / RENEWAL OF DGCAR LICENCES FLIGHT CREW, CABIN CREW, MEDICAL EXAMINER AND ATC CONTROLLERS**

Cross Applicable Box:  RE-ISSUE  RENEWAL

**INSTRUCTIONS:**

1. Application may be submitted 60 days in advance. But must be received by the Flight Safety Department not later than 15 days prior to expiry date.
2. All applicable portions must be completed and copies of all requested documentation submitted with the application
3. Medical Examiners complete part 4 on reverse.
4. Expired License cannot be renewed using this form.
5. Cross Re-Issue box if license is still valid

**NAME IN FULL** (Surname First): \_\_\_\_\_ **NATIONALITY:** \_\_\_\_\_

**PART 1: LICENSES APPLIED FOR**

I Herby Apply for the Re-issue of my Omani License:

Type of License: \_\_\_\_\_

Number: \_\_\_\_\_

Date of Original Issue: \_\_\_\_\_

Date of Expiry of Current License: \_\_\_\_\_

Date and Type of Last Evaluation: \_\_\_\_\_ (Does not apply to ATC renewals)

Date and Location of Last Medical: \_\_\_\_\_

Name of Medical Examiner: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

\_\_\_\_\_  
Date (dd/mm/yy)

\_\_\_\_\_  
Applicant's Signature

**PART 2: GENERAL**

**I CERTIFY THAT I HAVE BEEN CONTINUOUSLY EMPLOYED BY: \_\_\_\_\_  
THROUGHOUT THE EFFECTIVE PERIOD OF MY CURRENT OMANI LICENSE AND THAT ALL  
STATEMENT I HAVE MADE IN THIS APPLICATION ARE TO THE BEST OF MY KNOWLEDGE COMPLETE  
AND CORRECT.**

\_\_\_\_\_  
Date (dd/mm/yy)

\_\_\_\_\_  
Applicant's Signature

**PART 3: MEDICAL EXAMINERS ONLY**

**NAME IN FULL (Surname First):** \_\_\_\_\_ **NATIONALITY:** \_\_\_\_\_

ATTACH COPIES OF CURRENT MEDICAL DESIGNATIONS ISSUED BY ICAO CONTRACTING STATES, OTHER THAN OMAN, AND DATE OF EXPIRY OF THE DESIGNATION \_\_\_\_\_

PROVIDE A BRIEF DESCRIPTION OF YOUR PRIMARY JOB FUNCTIONS AS THEY RELATE TO AVIATION. IF NONE, STATE "NONE" IF YOU ARE EMPLOYED EITHER PART TIME OR FULL TIME BY A SCHEDULED AIR CARRIER OR BRANCH OF AN ARMED FORCE, STATE PART OR FULL TIME AND GIVE THE NAME AND ADDRESS OF THE ORGANIZATION.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY AVIATION RELATED SEMINARS OR MEDICAL SCHOOLS ATTENDED SINCE YOUR APPOINTMENT AS AN OMANI AVIATION MEDICAL EXAMINER. GIVE DATES ATTENDED, ADDRESSES OF WHERE THE CLASSES WERE HELD, AND THERE SPONSOR.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF EXPIRY OF CURRENT MEDICAL DESIGNATION ISSUED BY DG CAR OMAN: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

I DECLARE THAT ALL STATEMENTS I HAVE MADE IN THIS APPLICATION ARE TO THE BEST OF MY KNOWLEDGE COMPLETE AND CORRECT.

\_\_\_\_\_  
Date (dd/mm/yy)

\_\_\_\_\_  
Applicant's Signature

**NAME IN FULL (Surname First):** \_\_\_\_\_ **NATIONALITY:** \_\_\_\_\_

**PART 4: FOR DG CAR USE ONLY**

APPROVED

FROM: \_\_\_\_\_  
Date (dd/mm/yy)

UNTIL: \_\_\_\_\_  
Date (dd/mm/yy)

NOT APPROVED

TO: \_\_\_\_\_

VIA: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Actioned: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_