



Civil Aviation Authority - Sultanate of Oman
Flight Safety Department - Personnel Licensing Section
Application for Flight Dispatcher Certificate
knowledge examination

A. FOR AIR OPERATOR / FDTO / APPLICANT USE.

01. APPLICATION FOR FLIGHT DISPATCHER CERTIFICATE KNOWLEDGE EXAMINATION

- INITIAL EXAMINATION
 REPEAT EXAMINATION

02. PARTICULARS OF THE APPLICANT

1. Name in Full (Block Letters)													
2. Date of Birth	D	D	M	M	Y	Y	Y	Y					
3. Nationality													
4. Civil ID/Passport Number													
5. Telephone Number													
6. Postal Address for Correspondence													
7. E-mail													
8. Name of the training organization & Address													
9. Date of Completion the Training													
10. Present Employer & Address													

03. EXAMINATIONS PAPERS

(Tick appropriate box (s) against the Subject (s) you wish to take at this examination)

Subject Number	Subject	Apply	Attempt Number	Last Attempt Date
01	Flight performance calculation, planning procedures and Loading			
02	Air law & Principles of flight			
03	Aircraft General knowledge & Radio communication			
04	Navigation & Human performance			
05	Meteorology & Operational procedures			

I hereby certify that the particulars furnished by me in this application form are true & accurate to the best of my knowledge.

I also certify that I am aware of the requirements & conditions applicable to the Examination and issue of a Flight Dispatcher Certificate as specified by the CAA & of the fact that my application will be rejected if any of the particulars furnished above are found to be false or incorrect.

I have read & understood the CAA Licensing Examination Procedure, applicable rules and regulations as it applies to this application.

Date: _____

Signature of the Applicant: _____



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04. Certificate by the Chief Instructor of the Training Organization / Operator

I certify that the above-named candidate has followed the Flight Dispatcher Training Course and successfully completed all examinations and is qualified to appear for the CAA examinations.

01	Name	
02	Designation	
03	Signature & Stamp	
04	Date	

B. FOR CAA USE.

Assessment result	<input type="checkbox"/> Satisfactory and qualified to appear for the exam	<input type="checkbox"/> Unsatisfactory and dis- qualified to appear for the exam
Applicant Registered in the LPLUS and Booked the Exam. <input type="checkbox"/>	Printed the Place Card <input type="checkbox"/>	
Payment Received for the Exam <input type="checkbox"/>	Date(s) of the Exam :	
Remarks.		
Inspector Name	Signature	Date

C. SUPPORTING DOCUMENTS.

1. Cover letter from the ATO / Operator
2. Certified Copy of Civil ID/Passport
3. Certified Copy of the Training Course Completion Certificate issued by the Training Organization
4. Payment Receipt