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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A blue and gold logo  Description automatically generated  **INSTRUCTIONS**  Please complete **Sections A through D ONLY.** See “Supplemental Information” section for more instructions. Application must be typed.  **CABIN CREW MEMBER (CCM) LICENCE/ ATTESTATION APPLICATION** | | | | | | | | | |
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| **SUPPLEMENTAL INFORMATION** | | | | | | | | | |
| Kindly review instructions page (4) of this application for assistance in completing this application. A person shall not with intent to deceive by making any false representation for the procuring for himself of any or any other person the grant, issue, renewal, or variation of any such licence. [ Penalty $5,000 or 6 months in prison.] (Civil Aviation Act 2021 Sec 50 (1) (c )). | | | | | | | | | |
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| **A. APPLICANT FOR:** | | | | | | | | | |
| **I.**  Direct (CAA-B Issued)  Renewal  Reissue  Added Type  Re-instatement  **II. Aircraft Type** Click or tap here to enter text. | | | | | | | | | |
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| **B. APPLICANT INFORMATION** | | | | | | | | | |
| 1. Name (Last, First, Middle):Click or tap here to enter text. | | | | | | | | | |
| 2. Serial (PEL) Number:Click or tap here to enter text. | | | | | 3. Date of Birth: Click or tap to enter a date. | | | | |
| 4a. Permanent Address (house number, street):  Click or tap here to enter text. | | | | | 4b. City and State/Province:  Click or tap here to enter text. | | | | |
| 4c. State and Postal Code:  Click or tap here to enter text. | | | | | 5. Place of Birth (city, state, and country):  Click or tap here to enter text. | | | | |
| 6. Telephone Number: Click or tap here to enter text. | | | | | 7. Email: Click or tap here to enter text. | | | | |
| 8. Nationality:  Click or tap here to enter text. | 9. Height (in):  Click or tap here to enter text. | | 10. Weight (lb):  Click or tap here to enter text. | | 11. Sex  Male  Female | | 12. Hair (colour):  Click or tap here to enter text. | | 13. Eye (colour):  Click or tap here to enter text. |
| 14a. Do you now hold, or have you ever held a CAA-B licence? If yes, complete items 14b through 14e. ☐Yes ☐ No | | | | | | | | | |
| 14b. If yes, has your licence ever been suspended or revoked?  Yes Date: Click or tap here to enter text.  No | | | | | | | | | |
| 14c. Type of licence:Click or tap here to enter text. | | | 14d. CAA-B Licence Number:Click or tap here to enter text. | | | | 14e. Date Issued: Click or tap to enter a date. | | |
| 15a. Do you speak & understand the English language?  Yes  No | | | | | 15b. English Language Proficiency Level:  4  5  6 | | | | |
| 16a. Do you hold a medical certificate issued by the CAA-B? If Yes, complete items 16b through 16d.  Yes  No | | | | | 16b. Class of medical certificate:  Class 2 | | | | |
| 16c. Date issued:  Click or tap to enter a date. | | | | | 16d. Name of Aviation Medical Examiner  Click or tap here to enter text. | | | | |
|  | | | | | | | | | |
| **C. LICENCE, OR RATING APPLIED FOR ON THE BASIS OF:** | | | | | | | | | |
| **I. Knowledge Test** | | 1. Knowledge test applied for:  Click or tap here to enter text. | | | | 2a. Type of Knowledge test completed :  Click or tap here to enter text.  2b. Knowledge test date of completion:  Click or tap to enter a date. | | | |
| **II. Graduate of an Approved**  **In-house Training Program** | | 1. Company Name:  Click or tap here to enter text. | | | | 2. Company Location (City, Country):  Click or tap here to enter text. | | | |
| 3. Graduation Date: Click or tap to enter a date. | | | | | | | |
| **III. Holder of a Foreign Licence** | | 1. State:  Click or tap here to enter text. | | | | 2. Type of licence:  Click or tap here to enter text. | | 3. Licence number:  Click or tap here to enter text. | |
| 4. Ratings:  Click or tap here to enter text. | | | | | | | |
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| **D. APPLICANT’S CERTIFICATION** | | | | | | | | | |
| I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance. | | | | | | | | | |
| 1. Signature:  Click or tap here to enter text. | | | | | 2. Date:  Click or tap to enter a date. | | | | |
| **-FOR CAA-B OFFICIAL INTERNAL USE ONLY-** | | | | | | | | | |
| **E. ENDORSEMENT FOR THE KNOWLEDGE (CAA-B REGULATIONS) TEST** | | | | | | | | | |
| **I. CAA-B Authorisation** | | | | | | | | | |
| 1.  I have reviewed this person’s application package and other required documentation and find this applicant meets the requirements of | | | | | | | | | |
| the CARs for the licence/rating sought and authorise the applicant to take the knowledge test. | | | | | | | | | |
| Initial knowledge test  Retake of passing test  Retest after failure | | | | | | | | | |
| 2.  I have reviewed this person’s application package and other required documentation and find this applicant does **not** meet | | | | | | | | | |
| the requirements of the CARs for the licence/rating sought and is **not** authorised to take the knowledge test. | | | | | | | | | |
| 3. Remarks (if any):Click or tap here to enter text. | | | | | | | | | |
| 4. Namer of CAA-B Official who conducted the review:  Click or tap here to enter text. | | | 5. Title of CAA-B Official who conducted the review:  Click or tap here to enter text. | | | | 6. Signature:  Click or tap here to enter text. | | |
| 7. Technical Inspector Number:  Click or tap here to enter text. | | | 8. Date:  Click or tap to enter a date. | | | | | | |
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| **F. SKILL TEST REPORT (EXAMINER OR CAA-B INSPECTOR)** | | | | | | | | | |
| 1. Examiner or inspector statement | | | | | | | | | |
| i.  I have personally reviewed this applicant’s information and training records and certify that the individual meets the pertinent requirements o | | | | | | | | | |
| of the CARs for the licence, rating, authorisation, or certificate sought. | | | | | | | | | |
| ii.  I have personally tested/checked this applicant following pertinent procedures and requirements with the results indicated below. | | | | | | | | | |
| Approved | | | | | | | | | |
| Disapproved – Notice of Denial issued (original attached) | | | | | | | | | |
| iii.  I have personally checked that this applicant meets the language proficiency requirements for the: | | | | | | | | | |
| English Language | | | | | | | | | |
|  | | | | | | | | | |
| 2. Location of the test (facility, city or state, country):  Click or tap here to enter text. | | | 3. Duration of test:  Click or tap here to enter text. | | | | 4.Test duration breakdown: Enter text.  Ground hours: Enter text.  FSTD hours: Enter text. | | |
| 5. Licence, rating, authorisation, or certificate for which tested: | | | 6. Type(s) of aircraft used:  Click or tap here to enter text. | | | | 7. Registration number(s):  Click or tap here to enter text. | | |
| Click or tap here to enter text. | | |  | | | |  | | |
| 8. Date:  Click or tap to enter a date. | | | 9. Examiner’s or Inspector’s Name:  Click or tap here to enter text. | | | | 10. Signature:  Click or tap here to enter text. | | |
| 11. Examiner’s designation number or inspector’s licence number:  Click or tap here to enter text. | | | 12. Date of Expiration (designation):  Click or tap to enter a date. | | | | | | |
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| **G. CAA-B REPORT** | | | | | | | | | |
| **I. CAA-B Action**  Issue Cabin Crew Licence  Examiner/inspector recommendation  Accepted  Rejected  Issue of licence  Renewal of licence  Reissue of licence  Reinstatement of licence  Issue of rating  Renewal of rating | | | | **II. Attachments**  Valid Passport  Recent Coloured Passport Photo  Proof of Address  Employment Letter  Superseded Licence  Valid Foreign Licence (Attestation)  Verification (Attestation)  Training Records  Competency Check  Knowledge Test Results  Valid Medical Certificate (Class 2)  Other Click or tap here to enter text. | | | | | |
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| **III. Applicant’s Identification**  Passport number Click or tap here to enter text.  Expiration date: Click or tap to enter a date. | | | | | | | | | |
| **IV. CAA-B Authorisation**  1. The Application documentation is in order and the licence/attestation or rating may be issued.  The application is missing the following documentation and will be returned to the applicant.  Missing documentation: Click or tap here to enter text. | | | | | | | | | |
| 2. Name of the PEL Technical Inspector who conducted the review:  Click or tap here to enter text. | | | 3. Title of the PEL Technical Inspector who conducted the review:  Click or tap here to enter text. | | | | 4. Signature of PEL Technical Inspector who conducted the review:  Click or tap here to enter text. | | |
| 5. Technical Inspector Number:  Click or tap here to enter text. | | | 6. Date:  Click or tap to enter a date. | | | | 7. Control/Entry Number:  Click or tap here to enter text. | | |
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| **H. CAA-B ISSUANCE** | | | | | | | | | |
| **I. Licence/ Attestation or Rating Issued**  Licence Click or tap here to enter text. Expiration date: Click or tap to enter a date.  Rating Click or tap here to enter text. Expiration date: Click or tap to enter a date.  Attestation Click or tap here to enter text. Expiration date: Click or tap to enter a date. | | | | | | | | | |
| **II. CAA-B Authorisation** | | | | | | | | | |
| 1. Name of the OPS Technical Inspector who conducted the review:   Click or tap here to enter text. | | | 1. Title of the OPS Technical Inspector who conducted the review:   Click or tap here to enter text. | | | | 1. Signature of OPS Technical Inspector who conducted the review:   Click or tap here to enter text. | | |
| 1. Technical Inspector Number:   Click or tap here to enter text. | | | 1. Date:   Click or tap to enter a date. | | | | 6. Control/Entry Number  Click or tap here to enter text. | | |

CABIN CREW MEMBER (CCM) LICENCE/ ATTESTATION APPLICATION

Instructions for completion of CAA-B Form No. PEL003-00

NOTE: Complete Sections A through D only. Please type to complete. Handwritten applications will be rejected.

A. Application for:

Applicant completes the appropriate block(s)

Block I. Check the appropriate box:

Direct (CAA-B Issued). First (direct) issuance of a type of licence (e.g. private pilot).

Direct Issuance. When a State establishes its own system of ensuring compliance.

Renewal. The administrative action taken within the period of validity of a licence, rating, authorisation or certificate that allows the holder to continue to exercise the privileges of a licence, rating, authorisation or certificate for a further specified period consequent upon the fulfilment of specified requirements.

Re-issue. The administrative action taken after a rating or certificate has been suspended or revoked and the specified requirements for the privileges of the rating or certificate to be returned have been met.

Re-instatement. The administrative action taken after a rating or certificate has been suspended or revoked and the specified requirements for the privileges of the rating or certificate to be returned have been met.

Added rating. Adding a rating to an existing licence.

Block II. Aircraft Type. Enter aircraft type.

**B. Applicant Information**

Applicant completes the appropriate items

**1. Legal name.** Enter your legal name. Do not change the name on subsequent applications unless it is officially indicated to the Authority that the name is changed accompanied by a copy of the marriage licence, court order, or other document verifying the name change. Civil Aviation Act 23 (d)

**2. Serial (PEL) Number.**

**3. Date of birth.** Enter your date of birth: dd/mm/yyyy (20 October 1983 example).

**4a. Permanent address.** Enter the residence number and street name of your permanent address.

**4b. City and state or province.** Enter the city of your permanent address and the state or province as applicable.

**4c. Country and postal code.** Enter the country and postal code of your permanent address.

**5. Place of birth.** Enter your city of birth and the state or province as applicable. Enter the country where you were born.

**6. Telephone number.** Enter your telephone number.

**7. Email address.** Enter your email address. If you do not have an email address, enter “None” or “N/A.”

**8. Nationality.** Indicate your nationality from your passport. If you have more than one nationality, indicate so.

**9. Height.** Enter your height in inches as published on your medical certificate.

**10. Weight.** Enter your weight in lbs as published on your medical certificate.

**11. Sex.** Check Male or Female.

**12. Hair.** Enter the colour of your hair as published on your medical certificate.

**13. Eyes.** Enter the colour of your eyes as published on your medical certificate.

**14a. Do you now hold, or have you ever held a CAA-B licence?** Check Yes or No. If yes, complete Items 14b through 14e; otherwise, proceed to Item 15a.

**14b. If yes, has your licence ever been suspended or revoked?** Check Yes or No and, if yes, indicate the date of the suspension. or revocation.

**14c. Type of licence.** Enter the type of licence you hold or have held.

**14d. Licence number.** Enter the licence number as it appears on your licence.

**14e. Date issued.** Enter the date your licence was issued.

**15a. Do you speak and understand the language of the Bahamas?** Check Yes or No.

**15b. Do you speak and understand the English language?** Level Applicable.

**16a. Do you hold a medical certificate issued by the CAA-B?** Check Yes or No. If yes, complete Item 16b through 16d.

**16b. Class of medical certificate.** Check Class 2.

**16c. Date issued.** Enter the date the CAA-B medical certificate was issued.

**16d. Name of aviation medical examiner.** Enter the name of the CAA-B aviation medical examiner as shown on the CAA-B medical certificate.

**C. Licence, or Rating Applied for on the basis of**:

Applicant completes the appropriate block(s)

**Block I. Knowledge Test**

**1. Knowledge test applied for.** Indicate which knowledge test you are applying to take (if applicable).

**2a. Type of Knowledge test completed.** Enter the type of knowledge test you have completed (if applicable).

**2b. Knowledge test date of completion.** Enter the date you completed the knowledge test.

**Block II. Graduate of an Approved In-house Training Program**

**1. Company name.** Enter the organisation name of the in-house training program.

**2. Company Location**. Enter the organisation location of the in-house training program. Be sure to include the city, state or province as applicable, and country.

**3. Graduation date.** Enter the date of your graduation from the course indicated.

**Block III. Holder of a Foreign Licence**

**1. Country.** Enter the country which issued the licence.

**2. Type of licence.** Enter the type of licence issued (e.g., private, commercial, etc.).

**3. Licence number.** Enter the licence number as it appears on your licence.

**4. Ratings.** Enter all ratings that appear on your licence.

**D. Applicant’s Certification**

Applicant completes this block.

**1. Name & Signature.** Type and sign your name.

**2. Date.** Enter the date you sign the application.

-----------------------------------------------------------THIS SECTION IS FOR CAA-B INTERNAL USE ONLY-----------------------------------------------

**E. Endorsement for the Knowledge (CAA-B Regulations) Test**

The authorised instructor completes this block.

**Block I. CAA-B Authorisation**

**1.** Check the box if the applicant meets the requirements to take the applicable knowledge test. Check the appropriate box to indicate if this is the applicant’s initial knowledge test, a retake of a passing test, or a retest after the failure of a knowledge test.

**2.** Check the box if the applicant does not meet the requirements to take the applicable knowledge test.

**3.** Enter remarks, as needed.

**4-8.** Print your name and title, Technical Inspector Number, and Sign and date the application. Enter the date.

**F. Skill Test Report (Examiner or CAA-B Inspector)**

The examiner or CAA-B inspector completes this section***.***

**1. Examiner or inspector statement.** Address the following items:

**i.** Check the box to indicate that you reviewed the applicant’s information and training records and certify the individual meets the pertinent requirements of the CARs.

**ii.** Check the box to indicate that you tested/checked the applicant following the pertinent procedures and requirements. Indicate if the applicant is approved or disapproved by checking the appropriate box.

**iii.** Check the box to indicate that you checked the applicant’s language proficiency for the English language.

**2. Location of the test (facility, city, state or province, country).** Enter the test centre name and location.

**3. Duration of the test.** Enter the duration of the test.

**4. Test duration breakdown.** Enter the number of hours spent during the test on the ground (oral), in a flight simulation training device, or flight.

**5. Licence, rating, authorisation, or certificate for which tested.** Enter the licence, rating, authorisation, or certificate for which the applicant tested.

**6. Type(s) of aircraft used.** Enter the type(s) of aircraft used during the test.

**7. Registration number(s).** Enter the registration number(s) of the aircraft used during the test.

**8. Date.** Enter the test date, for example, dd/mm/yyyy.

**9-10. Examiner’s or inspector’s name and signature.** Type and sign your name.

**11. Examiner’s designation number or inspector’s licence number.** Enter your examiner designation number or inspector licence number.

**12. Examiner’s designation expiration date.** Enter the examiner’s designation, for example, dd/mm/yy.

**G. CAA-B Report**

CAA-B officials complete these blocks.

**Block I. CAA-B Action.** Check the appropriate box.

**Block II. Attachments.** Check the boxes to indicate which applicable documentation is attached.

**Block III. Applicant’s Identification.** Enter the passport number, and the expiration date.

**Block IV. CAA-B Authorisation.** Check the appropriate box.

**1.** Check the appropriate box to indicate if the applicant meets the licensing requirements or if the application is incomplete and will be returned to the applicant.

**2-6**. **Name, title and signature of CAA-B Authorised Official**. Type your name and title, Technical Inspector Number, and sign the application. Enter the date of the review.

**H. CAA-B Issuance**

CAA-B officials complete these block(s).

**Block I. Licence/ Attestation or Rating Issued.** Check the appropriate box and indicate the type of licence, rating(s), attestation, or validation certificate received. Enter the expiration date.

**Block II. CAA-B Authorisation.** Type your name and title and sign the application, entering the Technical Inspector Number. Enter the date of the issuance.