Ministry of Transportation and Telecommunications

وزارة المواصلات والاتصالات

APPLICATION FOR AIRCRAFT FLIGHT DISPATCHER LICENCE

☐ **INITIAL ISSUANCE** ☐ **REISSUANCE** ☐ **RENEW**

REASON: .....

BAHRAIN LICENCE NO: .....

CATEGORY(S) REQUESTED : .....

.....

Please staple or clip here:

2 COLOURED PHOTOGRAPHS
Dimensions :
h = 4cm, w = 3cm

(Matte Finish)

NAME : .....

ADDRESS: .....

TEL: .....

DATE OF BIRTH (dd/mm/yy)	**HEIGHT** (cm)	**WEIGHT** (kg)	**HAIR**	**EYES**	**SEX**	**NATIONALITY**

FOREIGN LICENCE / CERTIFICATE :

TYPE : ..... NO.: ..... VALID UP TO: .....

LIMITATIONS: .....

COUNTRY OF ISSUE: .....

HAS THE LICENCE EVER BEEN REFUSED, REVOKED OR SUSPENDED?

NO ☐ YES ☐ ..... (if YES, explain) .....

.....

AIRCRAFT FLIGHT DISPATCHER SHOULD COMPLETE THIS SECTION:

AVIATION EXPERIENCE (5 YRS) (TYPE OF WORK PERFORMED)	FROM		TO		EMPLOYER
	mm	yy	mm	yy	

(Continue on a separate sheet if more space is needed)

AVIATION TRAINING		FROM		TO		LOCATION
Subject	College/Organisation	mm	yy	mm	yy	

1 I understand that wilful false statements made on this form may result in legal action under the laws of The Kingdom of Bahrain.

2 I certify that all information furnished by me on this application is true and correct to the best of my knowledge.

Signature of Applicant : ..... **Date :** .....

RECOMMENDING EMPLOYER / MANAGER :

NAME: ..... TITLE: .....

CERT NO: ..... SIGNATURE ..... DATE: .....

EMPLOYER / SPONSOR SHOULD COMPLETE THIS SECTION:

List of attachments (Initial and Check if applicable)

1. Copy of Foreign Licence / Certificate. ..... ☐
2. Copy of Bahrain CAA Licence (if applicable) ..... ☐
3. Copy of Official receipts showing payment of fee (if applicable). ..... ☐
4. Evidence of training and experience. ..... ☐
5. Evidence of continuation training. ..... ☐
6. Attach recenct C.V./Resume ..... ☐

I certify that the copies of documents initialled above are true copies of original documents which I have reviewed. I recommend a Bahrain CAA Aircraft Flight Dispatcher Licence be issued to the applicant.

ORGANISATION : ..... OFFICIAL STAMP: .....

NAME : ..... SIGNATURE: .....

TITLE: ..... DATE: .....

BCAA CHIEF AIRCRAFT OPERATIONS REPORT:

REMARKS: .....

SIGNATURE: ..... DATE: .....

APPROVED ☐ DISAPPROVED ☐ ANTR/AIP TEST REQUIRED ☐

CHIEF AVIATION PERMITS & LICENSING ..... DATE: .....