

Official Use Only
Exam Application no.: _____
Application Date: _____/_____/_____
AACM PID _____

## Application for Flight Operations Officer Examination

### SECTION 1 PERSONAL DETAILS

Family Name	Given Names			
Place and Date of Birth (dd/mm/yyyy)	Nationality	Passport / ID No.		
Postal Address				
Telephone				
<i>Home:</i>		<i>Work:</i>	<i>Mobile:</i>	<i>Fax:</i>
Company Name		Job Title		

### SECTION 2 DETAILS OF ORIGINAL LICENSE *(Applicable to license conversion only)*

Note: For license conversion, the original license must be valid.	
Issuing Authority: .....	
License Number: .....	
Date of Issued of License: ...../...../.....	Date of Expiry of License: ...../...../.....

### SECTION 3 EXAMINATION BOOKING

- Applicant can request the date of the examination, which will be confirmed by the Personnel Licensing Office. An examination booking form with concerned examination schedule will be returned to the candidate when the booking is confirmed.
- The examination fee is MOP 500.00. Such fee is required to complete the application.
- Method of examination result collection (choose one only):  
 Collect in person at AACM  
 Mail to the above postal address
- Proposed examination date (dd/mm/yyyy): \_\_\_\_\_

*Note: Depending on the availability of resource on the concerned date, AACM reserves all rights in making final decision on the examination date arrangement.*

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_  
dd/mm/yyyy

**SECTION 4 DECLARATION BY APPLICANT**

**Personal Information Collection Statement**

1. Personal data provided in this form and all submitted documents will be used for processing of the application only.  
2. Base on fulfilling legal obligations, such information may also be referred to the police authorities, judicial and other authority entities.

I certify that the information provided on this form is true to the best of my knowledge and belief. I have also best understanding to the above Personal Information Collection Statement.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_  
dd/mm/yyyy

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**For Official Use only**

Examinations Result

Signature ..... Date...../...../.....

Remarks: