

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

## Application For Airline Transport Pilot License Examination

### SECTION 1 PERSONAL DETAILS

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

### SECTION 2 EXAMINATION BOOKING

- The examination is divided into four papers. For the initial attempt of sections in any paper, applicant must apply all sections in that paper within the selected examination date.
- From the AIC, select the date on which you wish to sit the examination(s) and fill in the column for Examination Date.
- The fee for each examination is MOP\$500.00 per section. Appropriate fee is required to complete the application.

#### EXAMINATION

ATPL(A) /  ATPL(H)

#### PAPER I ( 3 sections )

- Air Law  
 Aircraft General Knowledge – Paper I  
 Aircraft General Knowledge – Paper II

#### PAPER III ( 3 sections )

- Human Performance  
 Meteorology  
 Principles of Flight

#### PAPER II ( 3 sections )

- Flight Planning  
 Flight Performance  
 Mass and Balance

#### PAPER IV ( 2 sections )

- Navigation  
 Operational Procedures

**Examination Date** \_\_\_\_\_  
dd/mm/yyyy

**TOTAL** MOP\$ \_\_\_\_\_

- Method of examination result collection (choose one only):

- Collect in person at AACM  
 Mail to the above postal address

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

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

**SECTION 3 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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**Examinations Result**

- Examination result attached
- Others (describe underneath)

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

Remarks: