## 澳門特別行政區 REGIÃO ADMINISTRATIVA ESPECIAL DE MACAU



## **CONSENT TO RELEASE PERSONAL INFORMATION License Verification for Flight Crew License and/or Other License**

SECTION I	PERSONAL DETAILS			
Family Name		Given Names		
Date of Birth (dd/mm/yyyy) Nation		Nationality		Passport / ID No.
Residential Ad	dress			
Telephone <i>Home:</i>	Work:	Ma	obile:	Fax:
E-mail address		IVIC	viie.	rax.
SECTION 2	LICENSE INFORMATION			
License No.			Expiry Date	
1				
SECTION 3 APPLICANTS CONSENT TO RELEASE INFORMATION				
	nsent to the disclosure by the with the above Macao issued		n Authority, Macae	o, China (AACM) of details
National Aviation Authority:				
☐ By Fax				
a by rax				
☐ By Email (I am aware of, and accept the risk that information sent via email may be intercepted and read during transmission, not delivered or modified.)				
Note: License verification is to be made to National Aviation Authority only upon request of the related entity.				
Signature			Date	
Digitature			Date	······································
This form is to	be to be submitted to: Civil A	Aviation Author	itv. Macao	
			•	42, Centro Comercial Cheng Feng

or send by fax on:

(853) 2833 8089