



JABATAN PENERBANGAN AWAM
DEPARTMENT OF CIVIL AVIATION
MALAYSIA

APPLICATION FOR DCAM PART-66 AML MODULE EXAMINATIONS

APPLICANT DETAILS			
Name:			
Address:			
Nationality:		NRIC / Passport No.:	
Date of Birth:		Student / Employed at:	
Contact No.:		Email Address:	
Category Applied:	<input type="checkbox"/> Tick box if first examination sitting for this category.		
EXAMINATION MODULES			
Modules	Mark <input checked="" type="checkbox"/> where applicable	Date requested (Refer to AN 1101 Appendix 5)	Date confirm (For DCAM use only)
Module 1	<input type="checkbox"/>		
Module 2	<input type="checkbox"/>		
Module 3	<input type="checkbox"/>		
Module 4	<input type="checkbox"/>		
Module 5	<input type="checkbox"/>		
Module 6	<input type="checkbox"/>		
Module 7	<input type="checkbox"/>		
Module 8	<input type="checkbox"/>		
Module 9	<input type="checkbox"/>		
Module 10	<input type="checkbox"/>		
Module 11A	<input type="checkbox"/>		
Module 11B	<input type="checkbox"/>		
Module 12	<input type="checkbox"/>		
Module 13	<input type="checkbox"/>		
Module 14	<input type="checkbox"/>		
Module 15	<input type="checkbox"/>		
Module 16	<input type="checkbox"/>		
Module 17	<input type="checkbox"/>		
<p>I wish to apply for the examination module(s) as indicated and confirm that the information contained in this form is correct at the time of application. Copies of Identification Card (NRIC) / Passport and documentary evidence of English language proficiency are attached.</p>			
Signature: _____		Date: _____	
For DCAM use only			
Total modules applied		Fee payable	RM
Fee received	RM	Receipt number	
Signature		Date	
Remarks:			
Signature:		Date:	
		Reference No.:	