



APPLICATION FOR FLIGHT ATTENDANT CERTIFICATE

<input type="checkbox"/> INITIAL ISSUANCE <input type="checkbox"/> RENEWAL	<input type="checkbox"/> RE-ISSUANCE Reason	SAUDI ARABIAN GACA CERTIFICATE No.
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TYPE OF CERTIFICATE:

- Flight attendant Propeller Driven
 Flight attendant Turbojet Powered

NAME:

(First)

(Middle)

(Family)

ADDRESS

(Saudi Arabia)

Telephone No

(Permanent)

DATE OF BIRTH <i>(dd/mm/yyyy)</i>	HEIGHT <i>(cm)</i>	WEIGHT <i>(kg)</i>	HAIR	EYES	SEX	NATIONALITY
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FOREIGN LICENSE CERTIFICATE:

TYPE:

NUMBER:

RATING:

LIMITATIONS:

COUNTRY:

DO YOU SPEAK ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS THE CERTIFICATE EVER BEEN: REFUSED, REVOKED OR SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO (if YES explain)
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1. I will return the certificate to GACA within two weeks upon termination of employment with Employer/Sponsor list below, following expiration (if applicable), or re-issuance of a new GACA certificate, whichever occurs first.
2. I understand that willful false statements made on this form my result in legal action under the laws of Saudi Arabia
3. 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:

EMPLOYER/SPONSOR:

NAME:

ADDRESS:

TEL. No:



(continue on separate sheet, if more space needed)

FROM		TO		AVIATION TRAINING		LOCATION
mm	yyyy	mm	yyyy	SUBJECT/AIRCRAFT	COLLEGE/ORGANIZATION	

RECOMMENDING SUPERVISOR / MANAGER:

NAME:

TITLE:

GACA CERT. No.:

SIGNATURE:

DATE:

EMPLOYER / SPONSOR SHOULD COMPLETE THIS SECTION:

List of attachments (Initial and Check, if applicable).

Initial

Check

1- Copy of Foreign License / Certificate.

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2- Copy of Saudi Arabian GACA Airman Certificate (if applicable).

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3- Copy of official receipt showing payment of fee (if applicable).

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4- Copy of demonstrated proficiency (if applicable).

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5- Copy of certificate of completion of all required training.

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I certify that the copies of documents initiated above are true copies of original documents which I have reviewed. This applicant has successfully completed all GACA approved training program material..

I recommend a GACA Airman Certificate to be issued to the applicant.

ORGANIZATION:

OFFICIAL SEAL:

NAME:

TITLE

SIGNATURE:

DATE

GACA INSPECTOR'S REPORT: APPROVED []

DISAPPROVED []

REMARKS: _____

SIGNATURE:

DATE:

SUPERSEDED CERTIFICATE RETURNED TO GACA: DATE