



DCAM PART 66 EXAMINATION REGISTRATION FORM

REGISTRATION / APPLICATION NO. :
(for Office Use)

| | | |
|--------------|---------|-------------------|
| AMT-CE-04-03 | Rev : 0 | DATE : 30.04.2014 |
|--------------|---------|-------------------|

Please indicate **√** where necessary. Use **CAPITAL LETTERS**. The information filled preferably be typed.

| | | | |
|--|----------------------------------|--------------------------|--|
| A EXAMINATION CATEGORY | CATEGORY A1 - AEROPLANE TURBINE | <input type="checkbox"/> | DATE OF PREVIOUS EXAMINATION CAT A1 / A2 / A3 / A4 (IF ANY) |
| | CATEGORY A2 - AEROPLANE PISTON | <input type="checkbox"/> | |
| | CATEGORY A3 - HELICOPTER TURBINE | <input type="checkbox"/> | |
| | CATEGORY A4 - HELICOPTER PISTON | <input type="checkbox"/> | LOCATION OF PREVIOUS EXAMINATION |
| <p><i>* Mark √ in the space of applied category.</i></p> | | | <p><i>** Compulsary for candidates who has sit for examination previously.</i></p> |

| | | | | |
|--------------------------------------|------------------------|---|----------------|-----------------------------|
| B CANDIDATE INFORMATION | NAME | : _____ <i>(CAPITAL LETTER ACCORDING TO IDENTIFICATION CARD)</i> | | |
| | IC / PASSPORT NO. | : _____ | NATIONALITY | : _____ |
| | RESIDENCE ADDRESS | : _____ _____ | | |
| | | POSTCODE _____ | STATE _____ | COUNTRY _____ |
| | MOBILE PHONE NO. | : _____ | EMAIL ADDRESS | : _____ |
| | DATE OF BIRTH | : _____ | PLACE OF BIRTH | : STATE _____ COUNTRY _____ |
| | COMPANY / INSTITUTIONS | : _____ | POSITION | : _____ |
| | ADDRESS | : _____ _____ | | |
| | | POSTCODE _____ | STATE _____ | COUNTRY _____ |

| | | | | |
|--|---|--------------------------|-------------------------------|--------------------------|
| C CANDIDATE QUALIFICATION | ACADEMIC QUALIFICATION / PROFESIONAL | | | |
| | PROFESSIONAL CERTIFICATE : _____ | | | |
| | DEGREE / DIPLOMA | UNIVERSITY / INSTITUTE | COURSE | YEAR |
| | | | | |
| | SIJIL PELAJARAN MALAYSIA (SPM) | | | |
| | | GRADE | | GRADE |
| | BAHASA MALAYSIA | <input type="checkbox"/> | PHYSICS / SCIENCE / CHEMISTRY | <input type="checkbox"/> |
| | ENGLISH | <input type="checkbox"/> | HISTORY | <input type="checkbox"/> |
| | MATHEMATICS | <input type="checkbox"/> | ISLAMIC STUDIES / MORAL | <input type="checkbox"/> |
| | ADD. MATHEMATIC | <input type="checkbox"/> | ANY TECHNICAL SUBJECT | <input type="checkbox"/> |
| <p><i>Please state the subject :</i></p> | | | | |

WORKING EXPERIENCE

EXPERIENCE / COURSE

DURATION

State the exact details of the following:

- Positions held
- The names and address of employer
- Type of job responsibility
- A full report of the experience
- Type of work performed and
- Courses that have been passed as stated

(Please use additional paper if space is insufficient)

Date of commencement &
Date of resignation

D

**WORKING
EXPERIENCE
RECORD**

2 COPY OF PASPORT SIZE PHOTO

EMPLOYER SUPPORT / PERMISSION LETTER (IF APPLICABLE)

1 COPY OF IDENTIFICATION CARD

1 COPY OF SPM RESULT

EMPLOYMENT OFFER LETTER (FOR WORKING CANDIDATE)

*** Note: All copies of documents and reports submitted shall be certified by an Officer or Supervisor only).**

DECLARATION:

I declare that:

i. The statement given above is true.

ii. ADTEC Shah Alam (on behalf of DCA) reserves the right to reject the application if the information above is found to be false, incomplete or not accompanied by compulsory documents and details.

E

DECLARATION

Signature of Applicant : _____

Date : _____

DECLARATION OF CURRENT EMPLOYER

It is found that to the best of my knowledge the details given above are true

Signature of employer / institution : _____

Name : _____

Post : _____

Date : _____

