



APPLICATIN FOR AERO-MEDICAL CENTRE APPROVAL

Please complete in BLOCK CAPITALS using black or dark blue ink.

FALSE REPRESENTATION STATEMENT

It is an offence to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document.

1. APPLICANT DETAILS	To be completed by the Applicant
Accountable Manager Name:	
AeMC Address:	
Correspondence Address (if different):	
Telephone Number(s):	
Email Address:	
2. AeMC DETAILS:	To be completed by the Applicant
Name (of AeMC):	
Associated Medical Institutes:	
Requesting Approvals: Class 1 <input type="checkbox"/>	Class 2 <input type="checkbox"/>
Class 3 <input type="checkbox"/>	LAPL <input type="checkbox"/>
Cabin Crew <input type="checkbox"/>	
Initial Approval <input type="checkbox"/>	Change of Approval <input type="checkbox"/>
	Grandfathering Request <input type="checkbox"/>
3. ASSOCIATED AME(S) AND SPECIALIST(S):	To be completed by the Applicant
Name	Specialty

ACCOUNTABLE MANAGER			
Name:		Signature:	
Position:		Date:	