



## Application Form For Appointment Of Aviation Medical Examiner (AME)

Return FULLY completed form an signed declaration to CAO.IRI

Fax: 021 66036552

Email: license@cao.ir

PO Box: 13445-1798

<input type="checkbox"/> designated aviation medical examiner	<input type="checkbox"/> New application <input type="checkbox"/> Renewal <input type="checkbox"/> New location current	AME,stamp,number(for renewal)
SURNAME:		GIVEN NAMES:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Date of birth:
Address of consulting rooms(This address will be listed on the CAO website):		
TEL:		Post Code:
Postal address if different form consulting room. (Please note the postal address will be published on letters to applicants):		
Avg Hrs/weeks at this location EVERY DAYS:		Email address (email required for correspondence):
Contact numbers:		
<b>Home:</b>	<b>work:</b>	<b>Mobil:</b>
<b>Fax:</b>		
University or medical school at which qualified , qualification obtained:		
Higher qualification :		
Type of aviation medicine qualification:	Type of practice and / or registered specialty:	
Experience in aviation medicine: <b>Pilot :   <input type="checkbox"/>Yes   <input type="checkbox"/>No</b>	Affiliation(s) with aero /space medical organization:	
Attendance of aero/ space medical scientific meetings in the last three years (or other relevant) please provide certificates of attendance where possible:		
Dates:	Organization:	Location:
AME Checklist (Please ensure you have provided all of the following):		
<b>Appointment:</b>		<b>Re-appointment:</b>
<input type="checkbox"/> completed application form		<input type="checkbox"/> completed Application form
<input type="checkbox"/> Av Med/ Qualification		<input type="checkbox"/> Listed Attended Aviation Medicine Education
<input type="checkbox"/> Evidence of Current Medical Registration		<input type="checkbox"/> Evidence of Current Medical Registration
<input type="checkbox"/> Aviation Reference Number (ARN)...		
<b><u>Office use only</u></b>		
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No		Appointed    for ..... Yrs.
Reason for non-approval /conditions of approval ..... AMS   /   /		