



## APPLICATION FOR AEROMEDICAL EXAMINER DESIGNATION

### 1. Application Type

Initial issue                       Renewal                       Change of facility address

### 2. Aeromedical Center Facility Information

|   |                               |
|---|-------------------------------|
| Name of the Facility:                               | Trading Name (if applicable): |
| Facility Address (main location and postal number): | Facility Telephone No.:       |

### 3. APPLICANT DETAILS

|                    |   |            |
|--------------------|---|------------|
| First Name:        | Middle Name:  | Last Name: |
| Gender:            | <input type="checkbox"/> Male <input type="checkbox"/> Female |            |
| Nationality:       | BCAA AME Number (if applicable)                               |            |
| Name of Employer:  | Bahrain CPR Number (if available)                             |            |
| Mobile Number:     | Passport Number   |            |
| Tel. No. (Office): | Postal Address:   |            |
| Email:             |   |            |

|  |
|--|
| Medical Specialty:   |
| Number of post graduate years in clinical practice:  |
| Do you hold qualification in Aerospace/Aviation medicine?  |
| Qualification: _____   |
| Do you hold a license to practice medicine in Bahrain?<br>• National Health Regulatory Authority Bahrain (NHRA) <input type="checkbox"/> YES <input type="checkbox"/> NO |



**4. APPROVED AEROMEDICAL REFRESHER TRAINING DURING LAST DESIGNATION PERIOD (for renewal only)**

| Date (dd/mm/yyyy) | Activity | Hours |
|-------------------|----------|-------|
|                   |          |       |
|                   |          |       |
|                   |          |       |
|                   |          |       |
|                   |          |       |
|                   |          |       |

**5. Declaration of Applicant**

1. I understand that willful false statements made on this form may result in legal action under the laws of The Kingdom of Bahrain.  
2. 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: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**BCAA INSPECTOR REPORT**  
Remarks: Recommend For  
.....  
..... ANTR Examination Required    Yes    No  
Inspector Name: ..... Signature:  
..... Date: .....

**CHIEF AVIATION PERMITS AND LICENSING RECOMMENDATION**  
Recommended                      Yes                      No  
Signature: ..... Date: .....

**DIRECTOR AERONAUTICAL LICENSING**  
Approved                      Yes                      No                      N/A  
Recommended For Initial Issue                      Yes                      No                      N/A  
Signature: ..... Date: .....

**USCA APPROVAL FOR ISSUE OF INITIAL LICENSE**  
Approved For Initial Issue                      Yes                      No                       N/A  
Signature: ..... Date: .....