



## BATS AVIATION SDN BHD (273486-M)

Level 3, Wisma Octagon, Jalan Raja Ekram

30300 Ipoh, Perak, MALAYSIA

Tel No: +605-210 8802

email to: register@batsaviation.com.my

### PILOT TRAINING PROGRAMME APPLICATION FORM

#### NOTE

Please complete in CAPITAL LETTER and ✓ where applicable.

### 1. TRAINING PROGRAMME

- Private Pilot Licence
- Commercial Pilot Licence / Instrument Rating with Frozen ATPL
- Instructor Flying Course
- Others .....

### 2. DOCUMENTS REQUIRED

- Letter of Approval from the Civil Aviation Authority of Malaysia (CAAM).
- Certified true copies of academic qualifications (SPM, O Level or equivalent).
- Certified true copies of MyKad or Passport (for non-Malaysian citizens).
- Medical Certificate (Class II for PPL Course and Class I for CPL/IR and Frozen ATPL from a CAAM approved medical practitioner).
- 10 passport sized non-returnable colour photographs (upon receipt of BATS Pilot Training Programme Offer).

### 3. PERSONAL PARTICULARS

Name: .....

MyKad/Passport No: .....

Marital Status:  Single  Married

Mailing Address: .....

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.....

.....

Nationality: .....

Date of Birth: .....

Gender:  Male  Female

Tel: .....

Home: .....

Mobile: .....

E-Mail: .....

### 4. PARTICULARS OF PARENTS / GUARDIAN

#### Father / Guardian

#### Mother / Guardian

Name: .....

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MyKad/Passport No: .....

Address: .....

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Tel: .....

Profession: .....

Relationship: .....

E-mail: .....

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#### 5. ACADEMIC QUALIFICATIONS

	<u>Subjects</u>	<u>Grades</u>	<u>Subjects</u>	<u>Grades</u>
SPM	Bahasa Malaysia	.....	.....	.....
	English	.....	.....	.....
	Mathematics	.....	.....	.....
	Additional Mathematics	.....	.....	.....
	Physics	.....	.....	.....
	.....	.....	.....	.....

Other qualifications (Diploma/Degree): .....

#### 6. FLYING EXPERIENCE (IF ANY)

LICENCE HELD	FLYING HOURS	TYPE OF AIRCRAFT
<input type="radio"/> PPL	.....	.....
<input type="radio"/> CPL/IR	.....	.....
<input type="radio"/> ATPL	.....	.....
<input type="radio"/> Others .....	.....	.....

#### 7. PHYSICAL REQUIREMENTS

Eyesight:

- Good eyesight (visual acuity of at least 6/60 without optical aid, correctable to 6/6)
- Not colour blind

Height (cm): .....

Weight (cm): .....

#### 8. ARRANGEMENT FOR SETTLEMENT OF COURSE FEES

- Self-financing
  - Airline Sponsor .....
  - Financial Institution: .....
  - Other sponsorship: .....
- Sponsorship contact: .....
- E-mail: .....
- Tel: .....
- Fax: .....

#### 9. DECLARATION

**I declare that the information given by me is true and accurate. I am further aware that drug abuse is a serious offence and against the BATS regulations.**

Applicant's Signature: .....

Date: .....