

**ISSUANCE OF CABIN CREW CERTIFICATE  
CHECKLIST FOR RECEIVING APPLICATIONS**

Name of the Applicant:

Date:

<b>Item</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>	<b>Office Use</b>
Application uploaded to the system			Application Number:	
Company request letter				
Completed Class 2 Medical Examination at CAASL				

I understand that my application will not be processed unless I produce the original certificate / documents to the TOPL section and make the relevant payments.

I hereby certify that the particulars given by me in this application are true and correct.

.....  
(Applicant's Signature)

The Application and documents received on ..... and payment made.

.....  
(Receiving Officer's signature)