

Operations Directorate Atrium – 6th floor Rue du Progrès / Vooruitgangstr. nr. 56 1210 Brussels

First Name(s)

Phone : 32(0)2/277 31 11

APPLICATION FOR THE INITIAL ISSUE OF A CABIN CREW ATTESTATION

This application form has to be filled in by applicant for a Cabin Crew Attestation¹.

This application shall be submitted to the Cabin Crew Initial Training Provider (CCITP) before the start of the training and it shall be recorded by the CCITP.

Note 1. According to Commission Regulation (EU) No 290/2012 of 30 March 2012, Article 11 a: Cabin crew qualifications and related attestations §1 "Cabin crew members involved in commercial operation of aircraft referred to in Article 4(1)(b) and (c) of Regulation (EC) No 216/2008 shall be qualified and hold the related attestation in accordance with the technical requirements and administrative procedures laid down in Annexes V and VI".

Mationality

1. PERSONAL DETAILS (Please complete the form in BLOCK CAPITALS)

Surname(s)

Date of Rirth (dd/mm/yyyy)

Daic	or birtir (dd/ffiiri/yyyy)	Nationality
Place	e of Birth (City & Coutnry)	
Perm	nanent address	
Conta	act Tel. No	E-mail address
. Dec	claration	
	I am at least 18 years old;	
	I am not holding any Cabin Crew	ttestation;
	I have not applied for any Cabin	ew attestation with the same scope and in the same category in another Member State;
	I have never held any Cabin Crev	attestation with the same scope and in the same category issued in another
	Member State which was revoke	or suspended in any other Member State;
	I am holding any Cabin Crew atte	tation with the same scope and in the same category issued by a Member State but I did not
	exercised the associated privileg	during the preceding 60 months on at least one aircraft
□ I hereby declare that the above details given are true and correct. I am aware that incorrect information could disqualify me as an applicant from being granted an attestation. □ I agree that the required documentation of the passed initial safety training course and examination is in the possession of the CCITP. Date: Place: Signature of applicant:		