

APPLICATION FOR AVSEC STAFF CERTIFICATE (ASC)

AVSEC Manager Instructor Inspector Screener

Notes: i) Read the form thoroughly and complete the appropriate sections only.
ii) Complete the form in BLOCK CAPITALS or tick boxes unless otherwise indicated.

SECTIONS TO BE FILLED (Complete Sections Listed must be filled)

Issue (Section 1,2)

Renewal (Section 1,2)

Duplicate (Section 1, 2,3)

Change of Details (Section 1, 2,4)

SECTION 1 - Personal Particulars of Applicant

Name <small>(As Passport)</small>	<small>(Surname First)</small>	<small>(Given Name)</small>	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Name of Employer:			Contact No.:
ASC Number:		Staff Number:	
Designation:		Passport No.:	
Nationality:		Passport Validity:	
Date of Birth:		Residence Validity:	
Copy of Relevant Approved Courses Certificate: <small>(As applicable)</small>			

SECTION 2 - Declaration

I hereby declare that I have completed all the Required Training and the information provided above is true.

Name _____ Date: _____

SECTION 3 - Duplicate (Damaged/Lost/Stolen)

Circumstances of Damage, Lost or Stolen ASC :

First Occurrence Repeated Occurrence Employer/Police Report attached: Yes No

Note : In case of lost / Stolen ASC, Police Report must be enclosed

SECTION 4 - Change of Details

	PREVIOUS	CURRENT
Change of Name:		
Change of Nationality:		
Change of Occupation:		
Change of Passport Details:		
Miscellaneous:		

DOCUMENTS REQUIRED (must be enclosed with Application)

For Initial Issue/ Renewal*/ Duplicate/ Change of Details

1	Covering Letter from the Operator	5	Copy of valid Civil ID
2	Application Form No. 2300 duly filled	6	Prescribed Fee
3	Copy of Passport showing Personal Information, Residency validity, Passport validity	7	1 Photograph size (2"x3") with Blue background
4	Copy of valid Employer ID		*For Renewal Item No.7 is not applicable

NOTE: Certified Official Documents proving applicant's claims must be enclosed.

FOR DGCA USE ONLY

Documents are in order and Valid Approved Rejected

Remarks (If any): _____

Name: _____ Date: _____

Civil Aviation Security Director

Signature:

Date: