



**Load Master Authorization Issue/Re-authorization Application Form**

**1. Personal Details.**

•Applicant Name			
•Address			
•Mobile Tel. No			
•Date &Place of Birth		•Nationality	
•I hereby declare that the information given in this form is true & correct.			•Applicant Signature

**2. Application.**

• I am applying for the issue of load master authorization	<input type="checkbox"/> Issue	<input type="checkbox"/> Re-authorization
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**3. JCAR-Medical Certificate Held.**

Class			Expiry Date	AME Name	Limitations
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			

**4. Load Master Authorization Issue Requirements (Issue only)**

No	Detailed Applicant Qualifications and Work experiences Relevant to Load Master Authorization
a	
b	
c	
d	
e	

**5. JCAR-English Language Proficiency Level.**

• I hereby certify that, the applicant meets the requirements for Load Master Authorization Issue Re-authorization , and I have checked the applicant record, I am satisfied that the information contained in this application is correct

•Operations Post Holder Name		Date	
• AOC Name		Signature	

**6. CARC Recommendation.**

• Load Master Authorization	<input type="checkbox"/> Issue	<input type="checkbox"/> Renewal	
• Load Master Authorization	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	
• Authorization details	• Load Master Authorization	• Authorization expiry date	
• JCAR-Medical Class	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	• Medical Expiry date	
• Operator Name			
• Remarks			
•Flight Operations Inspector Name	•Date	•Signature	

**7. Publications required.**

- Cover Letter from the AOC for Load Master Authorization Issue/Re-authorization
- This application form.
- Expired Load Master Authorization.(Renewal only)
- Copy of valid JCAR-Medical certificate
- Two Photos (2 x 2.5 cm.)