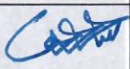


	Civil Aviation Regulatory Commission		Form	
	Document Code: 27 GF-0101		Issuance: 01	Amendment: 00
	Management Representative Approval: 		Date of Issuance: 14/10/2026	
	Title: Aviation Medical Examiner Designation Application			

A. APPLICANT IDENTIFICATION				
1. NAME:		2. DOB: / /		
3. MAILING ADDRESS:				
4. Contact Numbers:				
Mobile:	Clinic:	Fax:		
E. MAIL:				
5. Medical Specialty:				
6. Are You Permanent Registered in Jordanian Medical Association? Yes ☐ No ☐				
7. Registration No:				
B. EDUCATION				
Name of University	Country	Yr. Graduated	Degree	
Name of Medical Institute	Country	Dates	Specialty	
C. EXPERIENCE & CONFERENCES				
MEDICAL :				
AVIATION :				
(N.B = Please attach a photocopy for part (B & C)).				
D. LICENCE INFORMATION				
(IF YOU CHECK YES EXPLAIN IN DETAIL UNDER REMARK)			Yes	No
1. Is your license to practice medicine/surgery limited or restricted in any way?				
2. Has your license to practice medicine/surgery ever been suspended or revoked?				
3. Has your application for renewal your license or medical registration to practice				

	Civil Aviation Regulatory Commission		Form	
	Document Code: 27 GF-0101		Issuance: 01	Amendment: 00
	Management Representative Approval: 		Date of Issuance: 14/10/2026	
	Title: Aviation Medical Examiner Designation Application			

medicine and surgery ever been refused?				
4. Have you ever been charged and convicted of violation?				
5. Have you ever complained of chronic illness?				
E. REMARKS				
F. CERTIFICATION				
I Certify that information provided hereon and in attachments is correct to the best of my knowledge and belief, and I agree to the conditions of acceptance which accompanied this application. It is further agreed that all necessary equipment will be acquired upon acceptance and PRIOR to my conduct CARC medical examinations.				
APPLICATION (Typed name & signature)			Professional Degree:	
G. CARC USE ONLY				
This application has been reviewed references have been investigated and /or it has otherwise been determined that the applicant.				
☐ MEETS ☐ DOES NOT MEET				
The professional standards required for designation as an Aviation Medical Examiner.				
DESIGNATION NOT MADE FOR THE FOLLOWING REASONS:				
APPLICANT Yes ☐ No ☐ Medical Examiner for all Classes.		DESIGNATED AS	Designation Number 	
Designation Office		CEO/CARC		
DATE: / /				