BERMUDA CIVIL AVIATION AUTHORITY

APPLICATION FOR MEDICAL CERTIFICATE OF VALIDATION FOR AIR TRAFFIC CONTROLLERS

I. APPLICATION INFORMATION **MEDICAL CERTIFICATE** ☐ **INITIAL** ☐ **RENEWAL**

A. Full Name (First, Middle, Last)	**B. Date of Birth** (dd-mm-yy)	**C. Place of Birth**	**D. Nationality**

E. SEX Male ☐ Female ☐	**F. HEIGHT** (Inches)	**G. Weight** (Lbs)	**H. Hair colour**	**I. Eye colour**

J. Address & Contact numbers:

Telephone: Facsimile: E-mail:

II. MEDICAL CERTIFICATE INFORMATION:

A. Issuing Authority:	**B. Class of Certificate:**
C. Date of Issue:	**D. Expiration Date:**

D. Medical Limitations:

III. THE FOLLOWING DOCUMENTS MUST BE ENCLOSED WITH THIS APPLICATON:

a. ☐ Current Medical Certificate (FAA Class II) - original or certified true copy in electronic format.

b. ☐ Documentary evidence from the issuing State verifying the validity of the submitted medical certificate (for first time applicants only).

Verification for FAA Class II may be accomplished by calling the FAA Medical Centre office and requesting the information to be provided to the Bermuda Civil Aviation Authority.

Alternatively, a copy of the medical certificate issued should be sent directly to the Bermuda Civil Aviation Authority by the approved FAA medical examiner.

IV. CERTIFICATION:

I certify that the above information is true and correct to the best of my knowledge.

It is an offence to make, with the intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal, or variation of a licence. Any person so doing renders himself liable, on summary conviction, to a fine not exceeding £1000 (or equivalent) or on conviction on indictment to a fine or imprisonment for term not exceeding two years or both.

Signature of Applicant _____ **Date:** _____
(dd-mm-yy)