

**Civil Aviation Directorate**

Transport Malta, Pantar Road, Lija, LJA 2021, Malta. Tel: +356 2555 5000 [ams.tm@transport.gov.mt](mailto:ams.tm@transport.gov.mt) [www.transport.gov.mt](http://www.transport.gov.mt)

**To: Transport Malta – Civil Aviation Directorate**

***Applicant Details***

Full Name:	
ID Card/ Passport:	
Address:	
Contact Number:	
E-mail Address:	

***AeMC (to be approved) Details***

Name (of AeMC):			
Address (of AeMC):			
Requesting Certification Approval for:	<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 2	<input type="checkbox"/> Class 3
	<input type="checkbox"/> LAPL		
<input type="checkbox"/> Initial Approval	<input type="checkbox"/> Change of Approval*		

***Head of AeMC Details***

Full Name:	
AME Certificate Reference:	
Class 1 privileged since:	(dd/mm/yyyy)

***Documents and manuals to be submitted with application***

<input type="checkbox"/> List and qualifications of all AME's, medical staff and supporting specialist consultants and whether they work full time or part time.
<input type="checkbox"/> Staff training records
<input type="checkbox"/> Head of AeMC CV
<input type="checkbox"/> Documents of clinical attachment, or liaison with designated hospitals, or medical institutes
<input type="checkbox"/> Management System Documentation
<input type="checkbox"/> Compliance Monitoring System Documentation
<input type="checkbox"/> Availability of equipment as per Appendix 1

<input type="checkbox"/> Other Manual(s)
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<input type="checkbox"/> I hereby request TM CAD to provide a quote for the estimated total charges related to this application. TM CAD is to continue the processing of this application only after the quote has been accepted. I am aware that the provision of a quote will lead to a delayed project start.
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If answers to any of the above questions are incomplete:  
Please provide full details of alternative arrangements separately.

## Civil Aviation Directorate

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I declare that I have the legal capacity to submit this application to TM- CAD and that all information provided in this application form and documentation attached to it is correct, complete and in compliance with ORA.GEN.115 and ORA.AeMC.115 of Commission Regulation (EU) No. 1178/2011.

I, the applicant identified above, certify that all the above-named persons are in compliance with the applicable requirements.

Date	Name of Accountable Manager	Signature

**Application form has to be signed by the accountable manager**

This Application and the additional documentation should be sent by e-mail or regular mail to:

Transport Malta- Civil Aviation Directorate  
Aero-Medical Section  
Pantar Road,  
Lija, LJA 2021,  
Malta

E-mail: [paul.scirha@transport.gov.mt](mailto:paul.scirha@transport.gov.mt)

## Appendix 1

### Equipment required at AeMC for issue of Initial Class 1 medicals

- Wash hand basin
- Examining couch
- Haemoglobinometer
- Uristicks for checking urine (Sugar, Protein, PH and blood)
- Sphygmomanometer (Blood Pressure instrument)
- ENT examining set
- Height and Weight measures
- Clinical laboratory facilities approved by local health authorities for any blood tests required and for urine tests for Drug & Alcohol Testing
- Fireproof filing cabinet

### **Cardiology**

- 12-Lead resting ECG machine
- Stress ECG machine
- 24-hour blood pressure monitoring machine
- 24-hour heart rhythm monitoring machine

### **Ophthalmology**

- Near (Snellen or equivalent), intermediate, and distant vision charts
- Fundoscopy – Ophthalmoscope
- Binocular vision – testing kit
- Ishihara Plates
- Visual fields – perimetry
- Refraction – lenses
- Heterophoria – prisms

### **Hearing**

- Pure-tone (audiometer)

### **Otorhinolaryngology**

- Otoscopy – otoscope
- Rhinoscopy – rhinoscope
- Tympanic function machine
- Vestibular function machine

### **Pulmonary function**

- Spirometer **or equivalent**
- Ultrasound machine

### Equipment required at AeMC for issue of Initial Class 3 medicals

All the above, equipment and the below:

### **Ophthalmology**

- Colour vision (anomaloscope or equivalent)