

Send to:
postmottak@caa.no
or
Luftfartstilsynet
Postboks 243
8001 BODØ

Application for approval as an Aeromedical Examiner

Personal information	
Surname, First name:	
Nationality:	Country of residence:
License number (if applicable):	AME-number (if applicable):
Telephone number:	E-mail:

Application	
<input type="checkbox"/> Initial application	<input type="checkbox"/> Class 1
<input type="checkbox"/> Application for revalidation of a still valid AME-certificate	<input type="checkbox"/> Class 2
<input type="checkbox"/> Application for renewal (previously expired AME-certificate)	<input type="checkbox"/> Class 3

Address for aeromedical practice (may be published on the CAA's website)		
Name of medical center/place of business:		
Street address:	Zip code:	City:
Country:		
Phone:	Fax:	
<input type="checkbox"/> A different address is used for invoice (send as attachment)	<input type="checkbox"/> The aeromedical practice will be performed at several addresses (send as attachment)	

Medical degree and specialty*		
M.D (year):	University:	
Country:	Medical speciality:	Date of approval as specialist:

AME course *			
<input type="checkbox"/> Basic AME course or equivalent	Name of course:	Place:	Date:
<input type="checkbox"/> Advanced AME course or equivalent	Name of course:	Place:	Date:

Number of aeromedical examinations during the last 3 years			
	Year:	Year:	Year:
Class 1			
Class 2			
Class 3			
LAPL			
Cabin Crew			
Other (Please specify):			

Continuing aeromedical education or other relevant experience since previous application or during the last 3 years (the latter does not apply for initial application) *		
Course/congress/other aeromedical experience:	Location and date:	No of hours:

Signature	
I will at all times during the approval period stay updated on current regulations and procedures for aeromedical certification and follow these in my work as an AME.	
Date, place:	Signature:

In order to process your application we need information about you.

Your personal data is required in order to ensure that the approval of an AME is issued to the correct person and that the applicant fulfils the terms for holding an AME certificate.

Your personal data will be treated in accordance with regulation (EU) 2016/679 – General Data Protection Regulation (GDPR). Article 6 (1) litra e, regulation on certifying crewmember 28. november 2015 nr. 1365 § 1, cf. EU-regulation nr. 1178/2011, Part-MED MED.D.010 and MED.D.015 if this is a initial application as AME class 1 and 2, MED.B.030 if this is an application for revalidation as an AME class 1 and 2. Regulations on the training and certification of air traffic controllers 17. june 2016 nr. 710 § 1, cf. EU-regulation 2015/340, Part ATCO-MED ATCO.MED.C.005 and ATCO.MED.C.010 if this is a initial application as AME class 3, ATCO.MED.C.005 and ATCO.MED.025 if this is an application for revalidation as an AME class 3, specifies the criteria on which your application will be processed.

Your personal data will be stored only as long as required for the purpose in which they were collected. You have the right to access your personal data, and, if necessary, have them corrected. If you believe that your personal data is not treated in accordance with the GDPR, you may appeal to the Norwegian Data Protection Authority.

The Civil Aviation Authority – Norway (CAA-N) is responsible for the processing of your application and our data protection officer is Torgeir Øines (tor@caa.no).

All written inquiries to CAA-N are subject to the Archive Act and the Freedom of Information Act. The public's right to access information does not apply to personal data which is subject to confidentiality.

Read our privacy policy [here](#).