

**JABATAN PENERBANGAN AWAM MALAYSIA**  
DEPARTMENT OF CIVIL AVIATION MALAYSIA (DCA)

**APPLICATION FOR ENGLISH PROFICIENCY TEST**

**IMPORTANT**

- 1. This form when completed should be forwarded to Licensing Unit of Department of Civil Aviation Malaysia together with:
  - a. All evidence of qualifications: English course prior to test, test result etc.
  - b. Current personnel license.
  - c. A fee of RM 20 for the issuance of Certificate of Validity for English Proficiency. Crossed cheque must be made payable to "Director General of Civil Aviation Malaysia".

**SECTION I PERSONAL PARTICULARS OF APPLICANT**

Full Name:									
Postal Address:									
Phone Number:					Date of Birth:				
NRIC/Passport No.:					Nationality:				
Occupation:					Employer:				
Type of License:			License No.:		License Expiry Date:				

**SECTION II APPLICANT'S DECLARATION**

I hereby apply to sit for the English Proficiency Test at \_\_\_\_\_ and understand the condition attached to it that if I fail to achieve the minimum requirement, I shall be obliged to enroll myself into an English course for the purpose of gaining English Proficiency as required by the regulation. I hereby also declare that all the particulars given on this form and all the enclosed attachment(s) are true.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III ENGLISH TEST CENTRE**

I certify that the above candidate \_\_\_\_\_ has sat for the English Proficiency Test at this centre on \_\_\_\_\_ and has achieved the following result:

a.	English Proficiency Test*	PASS			FAIL		
b.	Level Achieved*	6	5	4	3	2	1

Authorized Tester Signature: \_\_\_\_\_ Date and Stamp: \_\_\_\_\_

Name of Authorized Tester: \_\_\_\_\_

Note: \* Circle the appropriate column

**FOR DCA OFFICIAL USE ONLY**

DCA acknowledges the above result as correct and is hereby endorsed it.

Remarks:

DCA Authorized Signature: \_\_\_\_\_ Date and Stamp: \_\_\_\_\_

Name of DCA Authorizing Officer: \_\_\_\_\_

ADDRESS


PHONE CONTACT

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E-MAIL

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HAVE YOU TAKEN THE UPM-ELTP?

Yes	No
If yes, please list the date you took the test.	

EMPLOYER / INSTITUTION

NAME


ADDRESS


PHONE CONTACT

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FAX NO

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**TEST PERIOD**

TEST DATE	D	D	M	M	Y	Y

Time Slot

8:30 – 10:30     
 11:00 – 13:00     
 14:30 – 16:30     
 20:00 – 22:00

Please choose the slot you prefer.

*\*The UPM-ELTP Administrative Center reserves the right to slot candidates at an alternative time closest to the slot chosen, where possible.*

**TEST RESULTS**

\* Test results will be mailed or can be collected in person. No results will be released over the telephone. If you do not come in person to collect the results, please provide a letter of authorization. Allow two weeks for release of results.