GAMBIA CIVIL AVIATION AUTHORITY
BANJUL INTERNATIONAL AIRPORT
PMB 285, THE GAMBIA
www.gcaa.aero ; pel@gcaa.aero

APPLICATION FOR MEDICAL CERTIFICATE

☐ Issue	☐ Renewal

I. Application information

A. Name	B. Date of Birth	C. Place of Birth
D. Address	E. Nationality	
F. Email:	G. Telephone:	

H. Type of licence	I. Number	J. Date issued	K. Class

II. Applicant´s Certification

I certify that the statements made by me on this application are true

A. Signature	B. Date:

III. Attachments (To be certified by the PEL Inspector)

☐ Fee

☐ Identification document (copy)

☐ Date of medical last assessment: _____ /_____/ _____

☐ Name of the Designated Medical Examiner: _____

Name of the PEL Inspector: _____

Signature of the PEL Inspector: _____ Date: _____/ _____/ ___