AME/AeMC Assessment Referral Form MED.A.050, ARA.MED.125 Ref (EU) No. 1178/2011, ATCO.MED.050, ATCO.AR.F.001 Reg (EU) 2015/340 MED.B.001



Civil Aviation Directorate

Transport Malta- Civil Aviation Directorate, Pantar Road, Lija, LJA 2021, Malta. Tel:+356 2555 5000 ams.tm@transport.gov.mt www.transport.gov.mt

WARNING – Any false statement, misrepresentation or concealment of material fact on this form or any document presented in support of this application may be grounds for criminal prosecution

Data Protection Notice - All data collected in this form is processed in accordance with the Privacy Laws that include General Data Protection Regulation (EU) 2016/679 and Chapter 586 of the Laws of Malta (Data Protection Act). The data provided may be granted to other Public Authorities and/or Government Departments as required and permitted by Maltese Law. Transport Malta of Triq Pantar, Lija, Malta LJA2021 is the data controller for the purpose of the privacy laws. The Privacy Notice attached with this application sets out the way in which personal information/data is collected and processed by Transport Malta, as well as the steps that are taken to protect such information.

AME Name:	Address:	AME Number:
Date:	Email Address:	Contact Number:
Applicant Name	Date of Birth:	Applicable Regulation and paragraph:
Family Name:		
Forenames:		
Medical Certificate Reference Number:	Medical Class:	Licence No:
	□ Initial □ Revalidation □ Renewal □ LAPL □ Interim Assessment	License Type:
Assessment Required (please tick one): Class 1/3 Fitness Assessment required by regulations, licensing authority guidance material. e.g. mandatory referral or adding/removing OML or other limitations. Class 2 where assessment must be made 'in-consultation' with the licensing authority or adding/removing limitations. Complex Class 1 or Class 2 following discussion with or at direction of licensing authority. Summary of medical conditions and your opinion on aeromedical fitness / limitations:		
Medical Reports (list clinician name and date):		
Any other documents attached:		



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GUIDANCE FOR AME ASSESSMENT REFERRAL FORM

- a) This form has been created to standardise AME referrals for assessment of aircrew and ATCO applicants. It should be used for all referrals from the AME of a member state to the licensing authority of another member state.
- b) This form should be completed in English or the language of the state of the licensing authority to which the referral is being made. Any reports or other documents attached should also meet this language requirement.
- c) Please ensure that all the required examinations have been completed (by AME and medical specialists) in compliance with the Regulation, e.g. Application Form. Medical Examination Report, Copy of the Medical Report etc.
- d) If you have been unable to reach a decision, in addition to a summary of the case, please detail the specific aspect of the case which you find challenging and also provide your preliminary certificatory decision.
- e) Please send the referral form and associated documents securely by post or the method required by the relevant licensing authority.
- f) We recommend that you advise your applicants to arrange their next aeromedical examination at the beginning of the 45-day period prior to the expiry date of the aeromedical certificate.