

Registration for a Theoretical Examination
 CMR.PEL.FORM.0006



CCAA

Fiscal stamp

XAF 1000

Reserved : don't
 write here

I, the undersigned _____

Born on the _____ in : _____

Nationality _____

Resident in _____ Address : _____

Identity card / Passport n°: _____ Issued on the _____

Request for the registration to the
 examination of _____

Training centre _____

Address _____

Begin of Training _____ End of Training _____

Total training hours _____

Name of Training Responsible _____

Signature of Training Responsible _____

Done in: _____ On the _____

Applicant's signature: _____

Please find attached :

- a certified copy of the national identity card for nationals or passport with adequate visa or resident permit for foreigners;
- two passport sized photographs;
- A copy of the receipt for the payment of the fees.

Application filed on
 the :

Remarks of the
 licensing office:

Cash receipt n° :

Ref. : Décision n° :

00084/D/CCAA/DG/D
 SA/SDNV/SPA du
 09/03/2010

XAF 50 000

Agreed for the payment of XAF 50.000 to the CCAA Accountant in view of registration to a theoretical examination.

Name of PEL Officer

Signature of PEL Officer

Date