

Consent to the Disclosure of Personal Information

The Civil Aviation Authority of Thailand will contact National Intelligence Agency, Office of the Narcotics Control Board, and Immigration Bureau to verify applicant's qualification and personality pursuant to the Air Navigation Act B.E. 2497 and Official Information Act, B.E. 2550

Part 1 Personal Information

First Name _____ Last Name _____ Age _____
 Date of Birth Date _____ Month _____ Year _____ Race _____ Nationality _____
 Place of Birth _____ Religion _____ Occupation _____ Status _____
 Passport Number (For Foreigner) _____

Current Address

House No. / Room No. _____ Building _____ Street _____ Road _____
 Sub-District _____ District _____ Province _____ Postal Code _____
 Phone Number _____ Fax Number _____ Email Address _____

Contact Address

House No. / Room No. _____ Building _____ Street _____ Road _____
 Sub-District _____ District _____ Province _____ Postal Code _____
 Phone Number _____ Fax Number _____ Email Address _____
 Spouse's Name (if applicable) _____ Last Name _____
 Former Last name _____ Race _____ Nationality _____
 Religion _____ Occupation _____
 Passport Number (For Foreigner) _____

Part 2 Proof of Identity (Must be self-attested)

- ID card, Government Officer ID card, State Enterprise Personal ID card, or other Government Agency Official card with ID number
- House Registration
- Proof of name change (if applicable)
- Passport
- Additional document (if applicable)

I hereby give my consent to the disclosure of my personal information to Civil Aviation Authority of Thailand for the purpose of authority which has informed me to verify my identity with the above-mentioned authorize agencies. I certify that the information provided by me is true and correct.

Signature _____
 (_____)
 Applicant