



# CASPOA - Air Operations CoE

AFB942 / BP19 / LIMONEST Cedex / France



## PURPOSE OF THE REQUEST

COURSE

ID or PASSPORT NUMBER

LAST NAME

NATIONALITY

UNIT/HQ

SERVICE

If other, please specify ...

UNCLASS EM@IL

SPECIALITY

If other, please specify ...

START DATE

RANK (Civ or Mil)

GENDER

FIRST NAME

COMMAND

WORKING PLACE  
DUTY OFFICER

CELL PHONE  
NUMBER

DATE OF BIRTH

PLACE OF BIRTH

PROFICIENCY (SLP) / ENGLISH PROFICIENCY LEVEL

I, hereby, certify I have the prerequisite for the course for which my request has been made:

Furthermore, I certify I also have one of these diplomas:

JFAC OC (B)

USAF AOC IQT

JTIC of the NSO

DACCC IFJT

JTS BOC

NJTS of the NSO or equivalent

PROFESSIONAL/QUALIFICATION / JOB DESCRIPTION / BACKGROUND

PREVIOUS AIR OPERATIONS / AIR C2 COURSES (FR / NATO) / AIR OPERATIONS EXPERIENCES (Combat unit or C2 --> Location/Date/Post/Duration)

**SUMBIT FORM TO: [air-ops-coe-caspoa-registration.resp.fct@intradef.gouv.fr](mailto:air-ops-coe-caspoa-registration.resp.fct@intradef.gouv.fr)**

- Please, prior submitting name the form after your rank, name and requested course (eg. OF4 ROSSI - JFACPC.pdf)
- Click on the button above to automatically open your default mail client.
- Make sure the subject of the mail includes "Registration Request", as well as name and course (eg. OF4 ROSSI - JFACPC Registration Request)