

APPLICATION FORM FOR VALIDATION CERTIFICATE OF A FOREIGN LICENCE

Application Type (Please tick the appropriate box)				
I am applying for Validation of				
<input type="checkbox"/> PPL	<input type="checkbox"/> CPL	<input type="checkbox"/> ATPL	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> AMEL
Foreign Licence No.:				
Issuing Authority:				

Applicant details:			
Name (as it appears on ID/Passport):			
Date of Birth:		Age (Min.16):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Postal Address:	
Email address:			
ID/Passport No:		Nationality:	
Licence held:		Phone Number:	
Medical Certificate Details:			
Class of Medical:	Date of Medical:	Expiry date:	Name of AME:
Technical Experience		Date of Issue:	Expiry Date:
<input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL			
Instrument rating (Incases of CPL & ATPL)			
Flight Engineer			
AMEL			
English Language Proficiency Level Level:			
Flight Radio Telephony Licence (if applicable)			
Flying Experience			
Total Flight hours to date			
Total Flight hours within the last 6 months			
Total Flight hours within the last 12 months			

Examinations	Date of exam:	Valid Until:
Validation Exam		
Aircraft type ratings applying for:	Date of Issue:	Valid Until:
Attachments:		
<input type="checkbox"/> For Initial Issue:		
<input type="checkbox"/> A copy of Medical certificate	<input type="checkbox"/> Copies of the last 2 pages of the logbook	
<input type="checkbox"/> Copy of the foreign medical certificate	<input type="checkbox"/> A copy of the foreign licence	
<input type="checkbox"/> 1 Passport size photos (2cm*2.5cm)	<input type="checkbox"/> A copy of IR test form for CPL and ATPL holders	
<input type="checkbox"/> A copy of ID/Passport	<input type="checkbox"/> Copy of the validation exam results slip	
Declaration:		
I declare, to the best of my knowledge and belief, that the information given in this application form and attachments are complete and correct.		
Signature:	Date:	
For Official Use Only:		
Fees:	Date:	
Receipt No.:	<input type="checkbox"/> HQ <input type="checkbox"/> WAP <input type="checkbox"/> MSA	
PEL Inspector's Name:	Signature:	