|  |  |
| --- | --- |
|  | FORM  FORM-M-PEL 009  **August, 2019** |

**APPLICATION FORM FOR VALIDATION CERTIFICATE OF A FOREIGN LICENCE**

|  |
| --- |
| **Application Type (Please tick the appropriate box)** |
| I am applying for Validation of |
| **☐** PPL **☐** CPL **☐** ATPL **☐** Flight Engineer  **☐** AMEL |
| Foreign Licence No.: |
| Issuing Authority: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant details:** | | | | |
| Name (as it appears on ID/Passport): | | | | |
| Date of Birth: | | | Age (Min.16): | |
| Gender: ☐ Male ☐ 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:** |
| **☐** PPL **☐** CPL  **☐** 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:** | | | | |
| **☐ For Initial Issue:** | | | | |
| ☐ A copy of Medical certificate | | ☐ Copies of the last 2 pages of the logbook | | |
| ☐ Copy of the foreign medical certificate | | ☐ A copy of the foreign licence | | |
| ☐ 1 Passport size photos | | ☐ A copy of IR test form for CPL and ATPL holders | | |
| ☐ A copy of ID/Passport | | ☐ 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 and attachments are complete and correct. | | | | |
| Signature: Date: | | | | |
|  | | | | |
| **For Official Use Only:** | | | | |
| Fees: Date: | | | | |
| Receipt No.:  **☐** HQ  **☐** WAP **☐**  MSA | | | | |
| PEL Inspector’s Name: Signature: | | | | |