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

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

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

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| --- |
| **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 LevelLevel: |  |  |
| 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:** |
|  |  |  |
|  |  |  |
|  |  |  |
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| **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: |