



REPUBLIC OF LEBANON
MINISTRY OF PUBLIC WORKS AND TRANSPORT
DIRECTORATE GENERAL OF CIVIL AVIATION

Statement of Aerobatic Competency

1. Name of Pilot	Address Telephone No.			
2. Pilot License	Date of Issue:			
3. Issuing Inspectors Name and Signature (please print) <table style="width: 100%; border: none;"><tr><td style="width: 33%; text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Date DD/MM/YR</td><td style="width: 33%; text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Signature (Inspector)</td><td style="width: 33%; text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Title</td></tr></table>		Date DD/MM/YR	Signature (Inspector)	Title
Date DD/MM/YR	Signature (Inspector)	Title		
4. Maneuver Limitation:				
5. Altitude Limitations:				
6. Authorized Aircraft:				
7. Pilot's Signature <table style="width: 100%; border: none;"><tr><td style="width: 50%; text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Date DD/MM/YR</td><td style="width: 50%; text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Signature</td></tr></table>		Date DD/MM/YR	Signature	
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