

# APPLICATION FOR PILOT LICENSE AND RATING

File Number

## INSTRUCTIONS

- To be accompanied by evidence of having met the requirements with respect to age, full name and citizenship unless submitted for a previous permit or license.
- Applicant must complete parts **A** and **B**.

<b>PART A – PLEASE PRINT IN INK OR TYPE</b>						
Given names in full		Surname		APPLICATION FOR <input type="checkbox"/> Initial License and Ratings <input type="checkbox"/> Additional Rating <input type="checkbox"/> License Revalidation <input type="checkbox"/> License Renewal		
Mailing address		Telephone				Sex M <input type="checkbox"/> F <input type="checkbox"/>
		City				Employer
Date of Birth		Place of Birth	Citizen of	License Number		
Ratings Held		Other Licenses				
<b>PART B – KNOWLEDGE, EXPERIENCE AND SKILL RELATIVE TO LICENSE OR RATING APPLIED FOR</b>						
Initial Pilot Training – (attach documentary proof of successful completion of basic knowledge and flight training)						
Name of Approved Training Organization		Location		Course dates (FROM / TO)		
Training for Rating Applied For – (attach documentary proof of successful completion of training for each class / type)						
Name of Approved Training Organization		Aircraft Type		Course dates (FROM / TO)		
Revalidation / Renewal Training for Ratings – (attach documentary proof of successful completion of training for each class / type)						
Name of Approved Training Organization		Aircraft Type		Course dates (FROM / TO)		
Signature of Applicant		Date		Checked docs		
<b>PART C – CERTIFICATION BY AIR OPEATOR</b>						
I hereby certify that the above applicant employed by this Air Operator has completed the approved company Pilot training program and successfully completed the associated competency checks.						
Name		Air Operator				
Signature		Date		Position Held		
<b>PART D – FOR AUTHORITY USE ONLY</b>						
Basic course and exams are approved <input type="checkbox"/> yes		Course not approved, but additional exams have been passed <input type="checkbox"/> yes				
Class / Type Rating Course is approved <input type="checkbox"/> yes						
Approval reference _____						
Meets Knowledge Requirements <input type="checkbox"/> and Experience Requirements <input type="checkbox"/>		Remarks _____				
Checked by (print) _____		Rating issued _____				
Signature _____		Signature by PEL Head _____				
Date _____		Date _____				