



Official Use Only

Application no.: _____

Date: _____/_____/_____

PID no: _____

Application For Flight Crew License And/Or Rating

SECTION 1 PERSONAL DETAILS

Family Name		Given Names	
Place and Date of Birth (dd/mm/yyyy)	Nationality	Passport / ID No.	
Residential Address			
Postal Address (if different)			
Telephone Home:	Work:	Mobile:	Fax:
Company		Job Title	

SECTION 2 LICENSE / RATING REQUESTED

License Type: Commercial / Airline Transport (*Aeroplane* / *Helicopter*)
 Other:

Aircraft Type Rating(s): (*PIC* / *Co-pilot*)

Rating(s): Instrument Instructor Other:

Flight Test: Date:/...../..... Type of test:

SECTION 3 DETAILS OF ORIGINAL LICENSE (Applicable to license conversion only)

Note: For license conversion, the license, medical certificate and all applicable ratings on the original license must be valid.

Issuing Authority:

License Type: Commercial / Airline Transport (*Aeroplane* / *Helicopter*) Other:

License Number: **Issue Date:**/...../..... **Expiry Date:**/...../.....

Medical Certificate: Class **Issue Date:**/...../..... **Expiry Date:**/...../.....

English Language Proficiency: Level **Issue Date:**/...../..... **Expiry Date:**/...../.....

Restrictions: Are there any restrictions (medical or operational) on your license(s)? Yes No
 If Yes, please specify:

Current Ratings: Instrument **Expiry Date:**/...../.....
 Instructor **Expiry Date:**/...../.....
 Other: **Expiry Date:**/...../.....

Do you hold a separate Flight Radio Telephone Operators License? Yes No
 If Yes, please specify: **License Number:** **Date of issue:**/...../.....

SECTION 4 AERONAUTICAL EXPERIENCE

Aeroplane

Aircraft Category	Dual	Co-pilot	Pilot-in-Command	TOTAL
Single-engine Propeller				
Multi-engine Propeller				
Single-engine Turbine Engine				
Multi-engine Turbine Engine				
			Total Flight time:	

Helicopter

Aircraft Category	Dual	Co-pilot	Pilot-in-Command	TOTAL
Single-engine				
Multi-engine				
			Total Flight time:	

Prior to arriving at Macau: (Applicable to license conversion only)

Total Instrument Flight Time:

Date of most recent flying:/...../..... (Dual / Co-pilot / PIC)

Date of most recent Flight Test or Proficiency Check:/...../.....

SECTION 5 AIRCRAFT ENDORSEMENTS (Applicable to license conversion only)

List the aircraft(s) you are endorsed in your original license.
 (Please indicate whether the endorsement is for PIC or Co-pilot duties.)

Single-Engine Aircraft(s):	Multi-Engine Aircraft(s):
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SECTION 6 DECLARATION BY APPLICANT

Personal Information Collection Statement

1. Personal data provided in this form and all submitted documents will be used for processing of the application only.
 2. Base on fulfilling legal obligations, such information may also be referred to the police authorities, judicial and other authority entities.

I certify that the information provided on this form is true to the best of my knowledge and belief. I have also best understanding to the above Personal Information Collection Statement.

Applicant Signature _____

Date _____
 dd/mm/yyyy

FOR OFFICAL USE ONLY

ACCEPTED:
 License Type:
 Aircraft Type:
 Rating:, valid until:/...../.....
 Medical class
 Examination Date: ____/____/_____
 Valid until: ____/____/_____

AME:
 Remarks:

REJECTED because:

- Copies of all relevant pages of applicant's personal flying logbook.
- Copies of all the relevant pages of the license.
- Type Rating Certificate (If applicable)
- Medical Examination Result
- Copies of all the relevant pages of the passport or ID.
- Passed all the required knowledge examinations.
- Passed the Language Proficiency Test.
- Two recent color photos. Training certificate
- License fee Pilot logbook
- License confirmation (For license conversion/validation)

Signature: Date:/...../.....

Remarks: