



Application For Conversion or Validation of Flight Crew License

SECTION 1 PERSONAL DETAILS

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

SECTION 2 ITEM REQUESTED

Flight Crew License Conversion: Commercial / Airline Transport (*Aeroplane* / *Helicopter*)
Aircraft Type Rating: _____ (*PIC* / *Co-pilot*)
 ***Instrument rating** (*with CAT II* - *flight hours on type:* _____)

Certificate of Validation
Purpose: please specify _____

*Check only if applicable

Flight check(s) completed applicable to above request:

	*Date (dd/mm/yyyy)	Type of Check
<input type="checkbox"/> <i>Aircraft</i> / <input type="checkbox"/> <i>Simulator</i>		
<input type="checkbox"/> <i>Aircraft</i> / <input type="checkbox"/> <i>Simulator</i>		

*Date of which the test was completed

SECTION 3 AERONAUTICAL EXPERIENCE

Aeroplane Category	(1) Dual	(2) Co-pilot	(3) PIC	(4) PICUS*	Instrument		Night	Cross-country		Total (1) + (2) + (3) + (4)
					Simulated	Actual		Dual	PIC / PICUS*	
Single-engine										
Multi-engine										
Total hours										Total Flight Hours
Helicopter Category	(1) Dual	(2) Co-pilot	(3) PIC	(4) PICUS*	Instrument		Night	Cross-country		Total (1) + (2) + (3) + (4)
					Simulated	Actual		Dual	PIC / PICUS*	
Single-engine										
Multi-engine										
Total hours										Total Flight Hours

*PICUS – co-pilot acting as pilot-in-command under the supervision of the pilot-in-command

SECTION 4 DETAILS OF ORIGINAL LICENSE

Note: Original 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:

Aircraft Endorsements: 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):	Expiry Date	Multi-Engine Aircraft(s):	Expiry Date
...../...../...../...../.....
...../...../...../...../.....
...../...../...../...../.....

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:**/...../.....

Prior to arriving in Macao:

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

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

SECTION 5 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

<p><input type="checkbox"/> ACCEPTED:</p> <p>License Type:</p> <p>Aircraft Type:</p> <p>Rating: (valid until:/...../.....)</p> <p>Medical class Exam Date:/...../..... (valid until:/...../.....) (AME:)</p> <p>English Level Exam Date:/...../..... (valid until:/...../.....)</p> <p>Certificate of Validation: (valid until:/...../.....)</p> <p>Signature: Date:/...../.....</p>	<p><input type="checkbox"/> REJECTED:</p> <p>because:</p> <p>Signature: Date:/...../.....</p> <p>Remarks:</p>
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