

<i>Official Use Only</i>
Application no.: _____
Date: ____/____/____

Application For Revalidation of Flight Crew License

SECTION 1 PERSONAL DETAILS

Family Name	Given Names	License Number
Postal Address		
Telephone Home: _____	Work: _____	Mobile: _____ Fax: _____
Company Name	Job Title	

SECTION 2 REVALIDATION REQUESTED

License..... <input type="checkbox"/>	Medical Certificate <input type="checkbox"/>
Instrument Rating..... <input type="checkbox"/>	Instructor Rating <input type="checkbox"/>
Instrument Rating (CAT II)..... <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

SECTION 3 DECLARATION OF PROFICIENCY / INSTRUMENT CHECK

Note: Please cross out any items that do not apply.

	Date (dd/mm/yyyy)	Type of Check
<input type="checkbox"/> Aircraft <input type="checkbox"/> Simulator		<input type="checkbox"/> Instrument <input type="checkbox"/> Proficiency <input type="checkbox"/> CAT II
<input type="checkbox"/> Aircraft <input type="checkbox"/> Simulator		<input type="checkbox"/> Instrument <input type="checkbox"/> Proficiency <input type="checkbox"/> CAT II

SECTION 4 RECENT EXPERIENCE

Flight time within preceding 6 months: <input type="checkbox"/> 12 hours or more <input type="checkbox"/> 6 – 11 hours <input type="checkbox"/> Less than 6 hours
Landings within preceding 90 days: <input type="checkbox"/> 10 landings or more <input type="checkbox"/> 5 – 9 landings <input type="checkbox"/> Less than 5 landings
Instrument flight time within preceding 90 days: <input type="checkbox"/> 6 hrs or more <input type="checkbox"/> Less than 6 hrs
CAT II approaches within preceding 90 days (only if applying for CAT II rating): <input type="checkbox"/> 6 approaches or more <input type="checkbox"/> Less than 6 approaches

SECTION 5 DECLARATION BY APPLICANT

I apply to have my Flight Crew License revalidated. I certify that the information provided on this form is true to the best of my knowledge and belief.

Applicant Signature _____

Date (dd/mm/yyyy) _____

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<input type="checkbox"/> ACCEPTED: License Valid until: ____/____/_____ Instrument Rating: valid until: ____/____/_____ Class 1 Medical Examination Date: ____/____/_____ Valid until: ____/____/_____ AME: Remarks:
<input type="checkbox"/> REJECTED because:

- Copies of all relevant pages of applicant's personal flying logbook
- Copies of all the relevant pages of the license
- Medical examination result
- License fee Logbook
- CAT II approaches log Training certificate
- Other: _____

Remarks:

Total Flight Time:	Pilot Log Book:
Date: /...../.....	PEL Record: <input type="checkbox"/> Same as Pilot Log Book <input type="checkbox"/> Record shows pilot logged more _____ <input type="checkbox"/> Record shows pilot logged less _____

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