澳門特別行政區
REGIÃO ADMINISTRATIVA ESPECIAL DE MACAU

民航局
AUTORIDADE DE AVIAÇÃO CIVIL
CIVIL AVIATION AUTHORITY

Official Use Only
Application no.: _____
Date: _____/_____/_____
PID no: _____

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.
❑ Macao Permanent Resident ❑ Macao Non-Permanent Resident ❑ Non-Macao Resident		
Telephone Home: Mobile: Work:		Email
Address		
Company	Job Title	

SECTION 2 ITEM(S) REQUESTED

❑ **Flight Crew License:** ☐ Commercial / ☐ Airline Transport (☐ *Aeroplane* / ☐ *Helicopter*)

☐ Instrument Rating ☐ Aircraft Rating:_____ (☐ *PIC* / ☐ *Co-pilot*)

☐ Medical Certificate

❑ **Certificate of Validation**

Purpose: please specify: …….

**For Flight Crew License application, Aircraft Type Rating shall also be applied. Instrument Rating shall be applied if applicable*

Flight check(s) completed applicable to above request:

	*Date (dd/mm/yyyy)	Type of Check
❑Aircraft / ❑Simulator		☐ Instrument / ☐ Proficiency / ☐ Others ……..
❑Aircraft / ❑Simulator		☐ Instrument / ☐ Proficiency / ☐ Others ……..

**Date of which the test was completed*

SECTION3 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 COLLECTION OF DOCUMENTATION

Method of collection (choose one only):

☐ Collect in person at AACM

☐ Smart Collect (*Please fill out the table below*)

Identification Document Type for Macao One Account	Identification Document No. for Macao One Account	SMS Notification Language ☐ Chinese ☐ English ☐ Portuguese

Pickup Location

Macao	☐ Venceslau de Morais	☐ Fai Chi Kei	☐ Rotunda de Carlos da Maia	☐ Flora
Cotai	☐ Lago	☐ Centro da Taipa	☐ Seac Pai Van	
Hengqin	☐ Hengqin (New Neighborhood)	☐ Hengqin (Civic Centre)		

Remarks:

1. *The "Smart Collect" service is free of charge. When opting for the service, the pickup time will be extended (at least 2 days) due to the delivery process. Selecting the Hengqin location takes an additional 5 working days for delivery process.*
2. *When the application document is ready, AACM will arrange placement based on the availability of the smart locker at the location selected by the applicant.*
3. *Pickup person shall collect the document within 3 days after receiving the pick-up notification message (5 days for Hengqin), or the documents will be returned to AACM. Applicant may then come to AACM to collect the document during office hour or reschedule the delivery of the document to the designated smart locker.*
4. *For details and the addresses of the smart lockers, please refer to this website:* www.dsi.gov.mo/eservice/zh/safp-arqivo-inteligente.html

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. Based on fulfilling legal obligations, such information may also be referred to the police authorities, judicial and other authority

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

Applicant's Signature _____ Date (dd/mmm/yyyy) _____