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.
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
❑*Aircraft* / ❑*Simulator*		
❑*Aircraft* / ❑*Simulator*		

**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 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 _____

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☐ **ACCEPTED:**	**Documents received for this application:**
License Type: ……..……..……..……..…	☐ Training Certificate (Copy)
Aircraft Type: ……..…..……..…	☐ Pilot Logbook (Original) x ____
Rating: ……..……..……...… (valid until: …../……/…...…)	☐ License (Original)
Medical class …… Exam Date: ……./……/…... (valid until: …../……/…...…)	☐ Medical Certificate (Original)
(AME: ……...……)	☐ ELP Endorsement Page (Original)
English Level …… Exam Date: ……./……/…... (valid until: …./……/…...…)	☐ Others: _____
Certificate of Validation: (valid until: …../……/…...…)	
Signature: ……..…..… Date: ……../……/……..	Received by: _____
☐ **REJECTED:**	**Remarks:**
Reason:	
Signature: ……...…..…. Date: ……../……/……..	