



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 No.
Telephone Home: Mobile: Email:		Macao ID No. (if applicable)	
Residential Address			
Postal Address (if different)			
Company		Job Title	

SECTION 2 LICENSE / RATING REQUESTED

<input type="checkbox"/> *Flight Crew License: <input type="checkbox"/> Commercial / <input type="checkbox"/> Airline Transport (<input type="checkbox"/> <i>Aeroplane</i> / <input type="checkbox"/> <i>Helicopter</i>) **Section 3 required** (If applicable, current AACM License Number _____ / CPL() / _____)
<input type="checkbox"/> Aircraft Type Rating: _____ (<input type="checkbox"/> <i>PIC</i> / <input type="checkbox"/> <i>Co-pilot</i>)
<input type="checkbox"/> Rating: <input type="checkbox"/> Instrument (<input type="checkbox"/> <i>with CAT II</i> - flight hours on type: _____) **Section 3 required** <input type="checkbox"/> Instructor : on Aircraft Type _____ (flight hours on type as PIC: _____)
<input type="checkbox"/> Other: _____

*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
<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 (For Flight Crew License or Instrument Rating application only)

Note: For Flight Crew License application – fill all applicable columns. For Instrument Rating application – fill column (5), (6) and (9), and only hours in cross-country as PIC should be counted for column (9).										
Aeroplane Category	(1) Dual	(2) Co-pilot	(3) PIC	(4) PICUS*	Instrument		(7) Night	Cross-country		(10) Total (1) + (2) + (3) + (4)
					(5) Simulated	(6) Actual		(8) Dual	(9) PIC / PICUS*	
Single-engine										
Multi-engine										
Total hours										Total Flight Hours
Helicopter Category	(1) Dual	(2) Co-pilot	(3) PIC	(4) PICUS*	Instrument		(7) Night	Cross-country		(10) Total (1) + (2) + (3) + (4)
					(5) Simulated	(6) Actual		(8) Dual	(9) 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 DECLARATION BY APPLICANT

<p align="center">Personal Information Collection Statement</p> <p>1. Personal data provided in this form and all submitted documents will be used for processing of the application only.</p> <p>2. Base on fulfilling legal obligations, such information may also be referred to the police authorities, judicial and other authority entities.</p>

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

<div><input type="checkbox"/> ACCEPTED:</div> <div>License Type:</div> <div>Aircraft Type:</div> <div>Rating: (valid until:/...../.....)</div> <div>Medical class Exam Date:/...../..... (valid until:/...../.....)</div> <div>(AME:)</div> <div>English Level Exam Date:/...../..... (valid until:/...../.....)</div> <div>Signature: Date:/...../.....</div>	<div>Documents received for this application:</div> <div><input type="checkbox"/> TrainingCertificate (Copy)</div> <div><input type="checkbox"/> Pilot Logbook (Original) x ____</div> <div><input type="checkbox"/> License (Original)</div> <div><input type="checkbox"/> Medical Certificate (Original)</div> <div><input type="checkbox"/> ELP Endorsement Page (Original)</div> <div><input type="checkbox"/> Others: _____</div> <div>Received by: _____</div>
<div><input type="checkbox"/> REJECTED:</div> <div>Reason:</div> <div>Signature: Date:/...../.....</div>	<div>Remarks:</div>