



APPLICATION FOR CLASS OR TYPE RATING
(Initial, Revalidation & Renewal)

Please complete in BLOCK CAPITALS using black or dark blue ink.

FALSE REPRESENTATION STATEMENT

It is an offence to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document.

1. APPLICANT DETAILS

To be completed by the Applicant

Title: Forename: Surname:
 Date of birth (dd/mm/yyyy): Nationality:
 Town of birth: Country of birth:
 Permanent Address:
 Postcode:
 Telephone: Mobile telephone:
 E-mail:

2. ADDRESS FOR CORRESPONDENCE (if different from above)

To be completed by the Applicant

Postal Address:

 Postcode:

3. MEDICAL FITNESS

To be completed by the Applicant

State of Issue	Class of Medical Certificate held	Date of last Medical	CAA use only

Note: Your Medical Certificate must be valid on the licence issue date. If your Medical Certificate is due to expire within 14 days after the date of application for licence issue, please complete the following

My medical examination will take place at: on:
 A licence will not be issued to any person unless their medical records supporting their Part-MED medical certificate are held by an Aeromedical Centre located in the Maldives.

4. PARTICULARS OF LICENCES HELD

To be completed by the Applicant

Issuing Authority	Type/Class of Licence	Licence No.	Expiry Date

5. RATINGS HELD *To be FULLY completed by the Applicant*

Please give the date of the most recent Skill Test (LST), Licensing Proficiency Check (LPC) or Revalidation by Experience for each type and/or class rating, and any Instructor certificate to be endorsed on your Licence.

Rating or Certificate held	Single Pilot or Multi- Pilot	Date of Test	Date of IR Test	Expiry Date of Rating	Examiners Licence Number and Name	CAA Use Only

6. APPLICATION (tick as appropriate) *To be completed by the Applicant*

I am applying for the:

initial issue of: revalidation of: renewal of:

Aeroplane Class Rating (please specify including variants): Land Sea

Aeroplanes Type Rating (please specify including variants):

Powered Lift Aircraft Rating (please specify including variants):

i) Single Pilot Multi Pilot Both (SP/MP) Cruise Relief Pilot
 Co Pilot only Low Visibility (Cat II/III)

ii) Total flight time on Aeroplanes as PIC hours

iii) I am also Revalidating or Renewing the Instrument Rating for (SPA) SE ME
 or MPA (please specify including variants): new rating valid until:

Revalidation by experience for Single Engine Piston and/or Touring Motor Gliders only

Total Flight Time in preceding 12 months..... Hours.

Total Flight Time as PIC in preceding 12 months..... Hours

Training Flights with Instructor: date(s)

The Certificate of Revalidation has been signed and the rating is valid until(date) or
 I require the CAA to reissue my licence with the revalidated rating:

Renewal of Instrument Rating (SPA) only

Instrument Rating (SPA) SE ME Revalidation Renewal new rating valid until: date

The Certificate of Revalidation has been signed and the rating is valid until(date) or
 I require the CAA to reissue my licence with the revalidated rating:

7. CONFIRMATION OF SKILLS TEST *To be completed by the holder of an Examiner Certificate issued in accordance with Part-FCL*

I have completed a Skill Test for the issue of the above class or type rating including IR

Skill Test Date: Aircraft Type and Registration:

FSTD Identification Number:

Examiner's Name: Examiner's Number:

Signature of the Examiner: Date:

8. COURSE COMPLETION CERTIFICATE**To be completed by the ATO,
if a separate course certificate has not been provided**

I certify that (name): Date of Birth (dd/mm/yyyy):
 has satisfactorily completed an approved course of training in accordance with Part-FCL for the following:
 Approved Class or Type Rating Course (please specify including variants):
 Date Training commenced: Date Training completed:

Course Content

The course consisted of..... hours of flight instructions which hours instrument ground time in a
 FTD 2/3 or FNPT I or FNPT II/III or FSS.

FSTD Identification Number:

Competent Authority issuing Qualification certificate for the simulator:

Flight Details

Registration of aircraft used (if applicable): Number of take-offs and landing (if applicable):

Date of take-offs and landing:

Theoretical Knowledge Training

Theoretical knowledge examination pass mark (%): Date:

Recommended for Skills Test

Name: Licence No.:

Approved Training Organisation Details

Approved Training Organisation (ATO):

ATO Approval No.: Date:

Name of Head of Training:

Signature: Date:

9. DECLARATION OF APPLICANT (tick as appropriate)**To be completed by the Applicant**

I declare that the information provided on this form is correct.

Signature of the Applicant: Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

Documents to be submitted	For CAA use
1. Copy Course completion certificate and original	
2. Original skill test report	
3. Original and a copy of the written examination results	
4. Copy of licence and original	
5. Copy of the certified Log book last page and original log book	
6. Copy of national ID card or Passport with original	
7. Copy of the medical held with original	
8. Two (2) Stamp size photographs	
9. Copy of the English Language Proficiency Report and original (where necessary)	
10. Copy of the Payment receipt	

CAA USE ONLY

Date of Issue:

Checked by:

Loaded by:

Signed by: