



## APPLICATION FOR LICENCE, RATING, AUTHORISATION OR CERTIFICATE

<input type="checkbox"/> Issue	<input type="checkbox"/> Conversion	<input type="checkbox"/> Re-Issue	<input type="checkbox"/> Renewal	<input type="checkbox"/> Validation			
<b>I. Application information</b>							
<input type="checkbox"/> Private Pilot <input type="checkbox"/> Commercial Pilot <input type="checkbox"/> Multi-Crew Pilot <input type="checkbox"/> Airline Pilot Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Flight Navigator <input type="checkbox"/> Air Traffic Controller <input type="checkbox"/> Flight Dispatcher <input type="checkbox"/> Aircraft Maintenance Engineer <input type="checkbox"/> Cabin Crew Certificate	<input type="checkbox"/> Student Pilot Authorization <input type="checkbox"/> Flight Instructor Authorisation <input type="checkbox"/> Ground Instructor Authorisation <input type="checkbox"/> Instructor Authorisation <input type="checkbox"/> Check Airman Authorisation <input type="checkbox"/> Examiner Designation <input type="checkbox"/> Category:..... <input type="checkbox"/> Class:..... <input type="checkbox"/> Type Rating:.....	<input type="checkbox"/> Instrument <input type="checkbox"/> Aerodrome control <input type="checkbox"/> Approach control procedural <input type="checkbox"/> Category A <input type="checkbox"/> Category B1 <input type="checkbox"/> Category B2 <input type="checkbox"/> Category C <input type="checkbox"/> Engine:..... <input type="checkbox"/> Other (specify):..... .....					
A. Full Name:			B. Date of birth (dd/mm/yyyy)				
C. Address:			D. Nationality:				
E. Email:			F. Telephone:				
G. Type of licence held		H. Number	I. Date issued				
J. Class of Medical Assessment			K. Date issued				
<b>II. Experience</b>							
Flight instruction	PIC	Co-Pilot	PIC "cross country"	Instruments	Night flight	Flight Sim	Total time
Other Categories		_____ Month _____ Year					
<b>III. Declaration</b>							
I certify that the statements made by me on this application are true			A. Signature	B. Date			
<b>IV. Attachments (To be certified by the administrative support officer)</b>							
<input type="checkbox"/> Knowledge test report	<input type="checkbox"/> Training certificate	<input type="checkbox"/> Medical certificate					
<input type="checkbox"/> Skill test report	<input type="checkbox"/> Proficiency check report	<input type="checkbox"/> Language proficiency report					
<input type="checkbox"/> Logbook	<input type="checkbox"/> Licence	<input type="checkbox"/> Identification document					
<input type="checkbox"/> Two passport-size photographs	<input type="checkbox"/> Fee (paid / billed)						
<b>V. GCAA Use Only</b>							
<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Unsatisfactory					
Remarks:.....							
ASI No:..... ASI Signature:..... Date:.....							