



**APPLICATION FOR PART-FCL PROFESSIONAL LICENCE/INSTRUMENT
RATING – AEROPLANE**

Please complete in BLOCK CAPITALS using black or dark blue ink. Please read attached Guidance Notes before completing the technical sections of this form.

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 Aeroplanes:-

CPL IR ATP Aeroplane class/type rating (please specify):

Note: Any additional rating applied for, other than those mandatory for licence issue, will incur an additional charge.

Type of course(s) completed (if any):

CPL Modular IR Modular CPL Integrated ATP Integrated
 CPL/IR Integrated ATP/IR Integrated

Conversions (if applicable):

ICAO CPL to CPL ICAO CPL/IR to CPL/IR ICAO ATP/IR to ATP/IR

7. FLYING EXPERIENCE *To be completed by the Applicant*

IMPORTANT NOTE: Any flight entries recorded within a pilot log, for the same date as Pilot-in-Command and Dual will only be countable as Dual flight for licensing purposes.

		Hours Claimed on Course	Total Hours Claimed	CAA use only
A Total Experience as Pilot	As pilot-in-command (PIC)			
	As student pilot-in-command (SPIC-Integrated only)			
	As pilot-in-command under supervision (PIC/US)			
	Dual instruction			
	As Co-pilot (P2)			
	Other Hours Credited (if applicable)			
	Section A Total Hours			
B Cross Country and Overseas Flying	As pilot-in-command (PIC)			
	As student pilot-in-command (SPIC-Integrated only)			
	As pilot-in-command under supervision (PIC/US)			
	Dual instruction			
	As Co-pilot (P2)			
	Section B Total Hours			
Date of 300 NM flight (aeroplanes) (dd/mm/yyyy)				
C Night Flying	As pilot-in-command (PIC)			
	As pilot-in-command under supervision (PIC/US)			
	Dual instruction			
	Dual Cross-country			
	As Co-pilot (P2)			
	Section C Total Hours			
Solo take-offs and landings (number of)				

		Hours Claimed on Course	Total Hours Claimed	CAA use only
D Instrument Flying	As student pilot-in-command (SPIC-Integrated only)			
	Instrument ground time	FTD 2/3 or FNPT I		
		FNPT II/III		
		FSTD or FSS		
	Flying Time (PIC/Co-pilot/PIC/US)			
	MCC Training (as part of course)			
Section D Total Hours				
E Multi-pilot Aircraft Experience	As pilot-in-command			
	As pilot-in-command under supervision (PIC/US)			
	Dual instruction			
	As co-pilot (P2)			
	Section E Total Hours			
For CAA use only				

8. CONFIRMATION OF THEORETICAL KNOWLEDGE COURSE COMPLETION

To be completed by the Approved Training Organisation conducting the Theoretical Training

Confirmation of Theoretical Knowledge training course completed Aeroplanes

CPL IR ATP

Theoretical Knowledge training completed on courseHours

Give details of Competent Authority with whom the Examinations were taken:

Certified copy of results to be provided with application and Certified copy of ATO approval Certificate (if training ATO and examinations not subject to MCAA approval).

Approved Training Organisation (ATO): ATO Approval No.:

Competent Authority issuing Approval:

Name of Head of Training:

Signature (Head of Training): Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

**9. CPL MODULAR OR REDUCED MODULAR (ICAO CPL CONVERSION) TRAINING COURSE
DETAILS** *To be completed by the Approved Training Organisation*

I certify that (name)has satisfactorily met the Pre-requisite requirements in accordance with Part-FCL prior to commencing a course of training and has satisfactorily completed a course of training for the grant of a Commercial Pilot’s Licence. I further certify that I have examined the applicants flying log and that the entries in them comply with the requirements for the grant of a Commercial Pilot’s Licence in accordance with Part-FCL.
Date CPL course started: Date CPL course completed:

The course consisted of:

..... hours dual flight instruction of which
 hours dual flight instruction in accordance with Appendix 3, Section E, Paragraph 11.
 hours dual flight instruction at night (if applicable).
 hours instrument instruction.
 hours of MEP asymmetric flight instruction (if applicable).

Simulator Experience (if applicable):

..... hours instrument ground time in a FTD 2/3 or FNPT I FNPT II/III Flight Simulator

FSTD Identification Number of simulator used:
 Competent Authority issuing Qualification Certificate for the simulator:
 Recommended for Skill Test by Name: Licence No:
 Approved Training Organisation (ATO): ATO Approval No:
 Competent Authority issuing approval:
 Name of Head of Training:

Signature (Head of Training): Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

10. IR COURSE DETAILS *To be completed by the Approved Training Organisation*

I certify that (name) has satisfactorily met the Pre-requisite requirements in accordance with Part-FCL prior to commencing a course of training and has satisfactorily completed a course of training for the grant of an instrument rating. I further certify that I have examined the applicants flying log and that the entries in them meet in full the flying experience requirements for the grant of an instrument rating in accordance with Part-FCL.

Date IR course started:Date IR course completed:

The course consisted of:

..... hours dual instrument flight instruction in a single engine aeroplane
 hours dual instrument flight instruction in a multi engine aeroplane

Simulator Experience (if applicable):

..... hours instrument ground time in a FTD 2/3 or FNPT I FNPT II/III Flight Simulator

FSTD Identification Number of simulator used:
 Competent Authority issuing Qualification Certificate for the simulator:
 Recommended for Skill Test by Name: Licence No:
 Approved Training Organisation (ATO): ATO Approval No:
 Name of Head of Training:

Signature (Head of Training): Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

11. INTEGRATED COURSES*To be completed by the Approved Training Organisation*

I certify that (name)..... has satisfactorily completed a course of training for the grant of a Commercial Pilot's Licence with without instrument rating and the training is detailed in Section 5. I further certify that I have examined the applicants flying log and that the entries in them meet in full the flying experience requirements for the grant of a Commercial Pilot's Licence with without instrument rating in accordance with Part-FCL.

Date course started: Date course completed:

Approved Training Organisation (ATO): ATO Approval No:

Name of Head of Training:

Signature (Head of Training): Date:

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

I certify that (name)..... has satisfactorily completed a:

CPL (A) Skill Test Pass Date: IR (A) Skill Test Pass Date:

Multi Pilot ATPL (A) Skill Test Pass Date:

I further certify that I have examined the applicants flying log and the entries in them meet in full the flying experience requirements for the grant of a licence in accordance with Part-FCL.

Examiner's Name: Examiner's Number:

Signature of the Examiner: Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

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

I declare that the information provided on this form is correct. I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.

Signature of the Applicant: Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

Documents to be submitted	For CAA use
1. Copy of the licence held with original	
2. Copy of the medical held with original	
3. Copy of the certified Log book last page and original log book	
4. Two photos (stamp size)	
5. Copy of the Payment receipt	
6. Pilot Proficiency Check Report (in accordance with Part-FCL)	
7. Copy of the English Language Proficiency Report and original (where necessary)	
8. Copy of the Theoretical Knowledge Results with original	
9. Copy of the National ID/Passport with original	
CAA USE ONLY	
Date of Issue:	
Checked by:	
Loaded by:	
Signed by:	