



APPLICATION FOR FLIGHT CREW LICENSE

INSTRUCTIONS
Print or type. Do not write in shaded areas, these are for CAA-B use only. Submit original only to the Personnel Licensing Section or a CAA-B Authorized Person. If additional space is required, use an attachment

A. APPLICATION IS HEREBY MADE FOR RENEWAL REISSUANCE OF THE FOLLOWING BAHAMAS AIRMAN LICENSE:

1. STUDENT PILOT 3. COMMERCIAL PILOT 5. FLIGHT ENGINEER 7. OTHER
 2. PRIVATE PILOT 4. AIRLINE TRANSPORT PILOT 6. FLIGHT INSTRUCTOR

B. LICENSE OR RATING APPLIED FOR ON BASIS OF:

<input type="checkbox"/> 1. COMPLETION OF REQUIRED WRITTEN AND/OR PRACTICAL TEST	<input type="checkbox"/> 2. AIRCRAFT TO BE USED (if flight test required)	<input type="checkbox"/> 3. TOTAL TIME IN THIS AIRCRAFT/SIM/FTD hours	<input type="checkbox"/> 4. PILOT-IN-COMMAND hours
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C. THE FOLLOWING CATEGORY AND/OR CLASS IS INVOLVED:

1. <input type="checkbox"/> AEROPLANE – SINGLE ENGINE LAND	5. <input type="checkbox"/> GLIDER.....(SPECIFY TOW)→
2. <input type="checkbox"/> AEROPLANE – MULTIENGINE LAND	6. <input type="checkbox"/> ROTORCRAFT.....(SPECIFY CLASS)→
3. <input type="checkbox"/> AEROPLANE – SINGLE ENGINE SEA	7. <input type="checkbox"/> LIGHTER THAN AIR.....(SPECIFY CLASS)→
4. <input type="checkbox"/> AEROPLANE – MULTIENGINE SEA	8. <input type="checkbox"/> POWERED LIFT

D. THE FOLLOWING RATING IS INVOLVED:

1. <input type="checkbox"/> INSTRUMENT	3. <input type="checkbox"/> ADDED TYPE RATING.....(SPECIFY)→
2. <input type="checkbox"/> CATEGORY II OR III APPROACHES	4. <input type="checkbox"/> OTHER RATING.....(SPECIFY)→

E. AIRMAN PERSONAL INFORMATION:

1. NAME (Last, First, Middle)				2. PERMANENT ADDRESS (Street or PO Box Number)							
3. TELEPHONE AND FAX				4. CITY		ISLAND/STATE/PROVINCE		MAIL CODE		COUNTRY	
5. DATE OF BIRTH (MONTH, DAY, YEAR)			6. PLACE OF BIRTH			7. NATIONALITY (CITIZENSHIP)			8. Language Proficiency Formal Evaluation Results <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. HEIGHT In		10. WEIGHT Lbs		11. HAIR	12. EYES	13. SEX	14. E-MAIL ADDRESS				15. For CAA-B Use

F. RECORD OF PILOT TIME (Do Not Write In The Shaded Areas):

	Total	Instruction Received	Solo	Pilot In Com mand (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Take-Off/ Landing	Night PIC	Night Take-Off/ Landin g PIC	Number Of Flights	Number Of Aero-Tows	Number Of Ground Launches	Number Of Power Launches
Gliders																
Free Balloon																
Airship																
Aeroplane				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Rotorcraft				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Powered Lift				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Simulator																
Training Device																
PCATD																

ATTACH APPLICANT PHOTO HERE (Passport Size)

G. MEDICAL EVALUATION INFORMATION:

1. CLASS OF CERTIFICATE	2. STATE OF ISSUE	3. DATE OF ISSUE	4. MEDICAL EXAMINER
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H. HAS YOUR LICENSE EVER BEEN SUSPENDED/REVOKED OR HAVE YOU FAILED A TEST FOR THIS LICENSE OR RATING? YES NO (If YES, attach explanation)

I. APPLICANT'S CERTIFICATION— I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any Bahamas license to me.

A person shall not with intent to deceive: (c) make any false representation for the purpose of procuring for himself or any other person the grant, issue, renewal or variation of any such license.[Civil Aviation Act 2021 Sec 50 (1)(c)]

1. DATE (MM/DD/YYYY)	2. APPLICANT SIGNATURE:
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J. ENDORSEMENT FOR THE SKILL TEST			
<input type="checkbox"/> AUTHORIZED INSTRUCTOR: I have personally instructed the applicant in the subject areas required by the CAR for the license, rating or certificate and consider this person ready to take the skill test.			
1. DATE	2. PEL NUMBER	3. EXPIRATION	4. INSTRUCTOR SIGNATURE:

K. DESIGNATED REPRESENTATIVE REPORT				
1. <input type="checkbox"/> I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of CAR for the license or rating sought.				
2. <input type="checkbox"/> I have personally tested this applicant's knowledge.				
3. <input type="checkbox"/> I have personally tested this applicant's language proficiency.				
4. <input type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the results indicated below.				
5. <input type="checkbox"/> Approved – Recommend PEL License Issuance				
6. <input type="checkbox"/> Disapproved – Disapproval Notice Issued (<i>Original Attached</i>)				
7. Location of Test (<i>Facility, City, Island/State/Province</i>)			8. Duration of Test	
			(a) Ground	(b) Simulator/FTD
			(c) Flight	
9. License or Rating for Which Tested		10. Type of Aircraft Used	11. Registration #	
11. Date	12. Designee's Name (<i>Print Name</i>)	13. Designee Signature.	14. Designation #.	15. Expiration

L. EVALUATOR'S RECORD (<i>Use For ATP License And/Or Type Ratings</i>):				
	INSPECTOR	EXAMINER	Signature and License Number	Date
1. Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

M. AVIATION SAFETY INSPECTOR OR PEL LICENSING OFFICER REPORT				
I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and/or necessary requirements with the result indicated below				
1. <input type="checkbox"/> Approved – PEL License Issued (<i>Copy Attached</i>)			2. <input type="checkbox"/> Disapproved – Disapproval Notice Issued (<i>Original Attached</i>)	
3. Location of Test (<i>Facility, City, Island/State/Province</i>)			4. Duration of Test	
			(a) Ground	(b) Simulator/FTD
			(c) Flight	
5. License or Rating for Which Tested		6. Type(s) of Aircraft Used	7. Registration No.(s)	
8. <input type="checkbox"/> Student Pilot License Issued	13. <input type="checkbox"/> License or Rating Based On:	15. <input type="checkbox"/> Flight Instructor	16. <input type="checkbox"/> Ground Instructor	
9. <input type="checkbox"/> Examiner's Recommendation	(a) <input type="checkbox"/> Approved Course Graduate	(a) <input type="checkbox"/> Renewal		
(a) <input type="checkbox"/> Accepted (b) <input type="checkbox"/> Rejected	(b) <input type="checkbox"/> Other Approved Qualification Criteria	(b) <input type="checkbox"/> Reinstatement		
10. <input type="checkbox"/> Reissue or Exchange of Pilot License	14. <input type="checkbox"/> Language Proficiency test conducted	17. Instructor Renewal Based On		
11. <input type="checkbox"/> Special Medical test conducted	(a) <input type="checkbox"/> Subjective Assessment Level 5	(a) <input type="checkbox"/> Activity	(c) <input type="checkbox"/> Training Course	
12. <input type="checkbox"/> Language Proficiency test conducted	(b) <input type="checkbox"/> Unable to make Subjective Assessment	(b) <input type="checkbox"/> Test	(d) <input type="checkbox"/> Duties and Responsibilities	
18. Training Course (FIRC) Name		19. ATO Certificate No.	20. Graduation Date	
21. Date	22. CAA-B Authorized Person Signature (<i>Print Name & Sign</i>)	23. Control Number	24. PEL Entry	

N. ATTACHMENTS:	
1. <input type="checkbox"/> LANGUAGE PROFICIENCY REPORT	6. <input type="checkbox"/> APPLICANT'S IDENTIFICATION (Describe)
2. <input type="checkbox"/> KNOWLEDGE TEST REPORT	-----
3. <input type="checkbox"/> SKILL TEST REPORT	-----
4. <input type="checkbox"/> NOTICE OF DENIAL	7. <input type="checkbox"/> Other (List)
5. <input type="checkbox"/> SUPERCEDED PEL LICENCE	-----

O. CAA-B AUTHORIZED PERSON CERTIFICATION:					
<input type="checkbox"/> 1. THE LICENSE WAS ISSUED I/A/W CAR LIC AND CAR REQUIREMENTS:			<input type="checkbox"/> 2. THE LICENCE WAS NOT ISSUED		
3. DATE	4. FLIGHT OPERATIONS INSPECTOR/NUMBER	5. SIGNATURE	6. PEL Inspector Signature:		