



COMPLETION INSTRUCTIONS FOR CAA-B FORM 542

Completion Instructions for CAA-B Form 542 Application for Original Airman License Other Than Flight Crew Member (Applicant Must Complete Sections A - G)			
A	Check if Issuance or Re-issuance.	H9	Enter date of examination.
A1-8	Check the applicable type box.	H10	Examiner's signature.
B1-4	Check applicable rating– if 3 or 4 enter specific information.	H11	Enter examiner's license number.
C1	Enter full name– Last name first.	H12	Enter examiner's designation number.
C2	Enter permanent street address.	H13	Enter designation expiration date.
C3	Enter phone number and fax number.	H14	Enter examiner's name– printed.
C4	Enter city, state, mail code, and country of permanent address.	I	Attach passport sized applicant photograph.
C5	Enter date of birth.	J1-6	Check applicable attachments.
C6	Enter place of birth.	J7	Enter form of identification checked.
C7	Enter country of citizenship.	J8	Enter identification number
C8	Check Yes or No	J9	Enter expiration date of identification.
C9	Enter height.	J10	Enter telephone number on identification.
C10	Enter weight.	J11	Enter name on identification.
C11	Enter hair color.	J12	Enter date of birth on identification.
C12	Enter eye color.	J13	Enter license number.
C13	Enter sex as M for Male or F for female.	J14	Enter email address.
C14	Enter email address.	K1-2	Check:1.License issued or 2.License not issued.
C15	MAKE NO ENTRY - FOR CAA-B USE ONLY	K3	Enter date.
D1	Enter current aviation license number (For ATC/CCM if initial, enter "Initial")	K4	Enter title or designation number
D2	Enter current aviation icense state of issue.	K5	CAA-B Authorized Person's Signature
D3	Enter current aviation license date issued.	K6	MAKE NO ENTRY - FOR CAA-B USE ONLY
D4	Enter current aviaiton license rating(s).	L1	Class of Medical Certificate
E	Check applicable box.	L2	State of issue of Medical Certificate
F	If Yes Enter (Suspended, Revoked or Fail Test)	L3	Date of Issue for Medical Certificate
G1	Enter date of application.	L4	Name of Aviation Medical Examiner
G2	Applicant's signature.	L5	Limitations listed on Medical Certificate
H1-3	Designated Examiner check appropriate box.	L6	Expiration date of Medical Certificate
H4-5	Blank - No Entry		
H6	Examiner, enter location where test taken.		
H7	Enter duration test.		
H8	Enter license or rating tested for.		



APPLICATION FOR PEL LICENSE & RATING [OTHER THAN FLIGHT CREW MEMBERS]

INSTRUCTIONS
Print or type. Do not write in areas with shaded titles.
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	ISSUANCE	RENEWAL	REISSUANCE	REINSTATEMENT	OF THE FOLLOWING BAHAMAS PEL LICENSE:
1 <input type="checkbox"/> FLIGHT DISPATCHER	4 <input type="checkbox"/> AIRCRAFT MAINTENANCE TECHNICIAN	7 <input type="checkbox"/> AVIATION REPAIR SPECIALIST			
2 <input type="checkbox"/> CABIN CREW MEMBER	5 <input type="checkbox"/> INSPECTION AUTHORIZATION	8 <input type="checkbox"/> AERONAUTICAL RADIO OPERATOR			
3 <input type="checkbox"/> GROUND INSTRUCTOR	6 <input type="checkbox"/> PARACHUTE RIGGER	9 <input type="checkbox"/> AIR TRAFFIC CONTROLLER			

B. RATING(S) REQUESTED:	
1 <input type="checkbox"/> POWERPLANT	3 <input type="checkbox"/> SPECIALIZED(SPECIFY CLASS).....
2 <input type="checkbox"/> AIRFRAME	4 <input type="checkbox"/> TYPE RATING (SPECIFY).....

C. 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 at least Level 4? <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. CAA-B PEL NUMBER

D. LICENSE INFORMATION (IF APPLICABLE)			
1. LICENSE NUMBER	2. ICAO STATE OF ISSUE	3. DATE ISSUED	4. RATING(S)/ENDORSEMENT(S) REQUESTED

E.(FOR INITIAL) LICENSE OR RATING APPLIED FOR ON BASIS OF COMPLETION OF: 1. EXPERIENCE 2. WRITTEN TEST 3. PRACTICAL TEST

F. HAS YOUR LICENCE EVER BEEN SUSPENDED/REVOKED OR HAVE YOU EVER FAILED A TEST FOR THIS LICENSE OR RATING? YES NO (If 'YES' attach explanation)

G. 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 PEL license to me.	
<i>A person shall not with intent to deceive 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 Sect 50 (1)(c))</i>	1. DATE
2. APPLICANT SIGNATURE:	

H. DESIGNATED EXAMINER'S REPORT			
1. <input type="checkbox"/> I have personally reviewed this applicant's experience and/or training records, and certify that the individual meets the pertinent requirements of CAR LIC for the license or rating sought.			
2. <input type="checkbox"/> I have personally tested this applicant's knowledge and/or language proficiency.			
3. <input type="checkbox"/> I have personally conducted the skill (practical) test of this applicant in accordance with pertinent procedures and standards with the results indicated below.			
4. (Blank)		6. Location of Test	7. Duration
5. (Blank)			
8. License or Rating for Which Tested		9. Date	10. Examiner's Signature (Sign)
11. License No.	12. Designation No.	13. Designation Expires	14. Examiner's Name (Print Name)

I. ATTACH APPLICANT PHOTO HERE (Passport Size)

J. ATTACHMENTS:			
1. <input type="checkbox"/> Language Proficiency Report	L. MEDICAL INFORMATION: (CAA-B MEDICAL REQUIRED FOR ISSUANCE FOR CABIN CREW AND ATC)		
2. <input type="checkbox"/> Knowledge Test Report	1. CLASS OF CERTIFICATE	2. STATE OF ISSUE	3. DATE OF ISSUE
3. <input type="checkbox"/> Skill/Competency Test Report	5. LIMITATIONS OR RESTRICTIONS		4. MEDICAL EXAMINER
4. <input type="checkbox"/> Copy of current license	6. EXPIRATION DATE		
5. <input type="checkbox"/> Copy of Medical Certificate			
6. <input type="checkbox"/> Identification (ID)			

K. CAA-B INSPECTOR CERTIFICATION:			
<input type="checkbox"/> 1. THE LICENSE WAS ISSUED I/A/W CAR LIC & CAA-B REQUIREMENTS:		<input type="checkbox"/> 2. THE LICENSE WAS NOT ISSUED	
3. DATE	4. TITLE OR DESIGNATION NUMBER (OPS/AIR/ANS) (PEL)	5. SIGNATURE (OPS/AIR/ANS) (PEL)	6. PEL Entry: