



APPLICATION FOR VALIDATION AUTHORISATION (BASED ON A FOREIGN LICENCE)

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 Authorised Person. If additional space is required, use an attachment.

A. APPLICATION FOR:

1. PILOT -

1a. PPL CPL ATPL RPA

2. FLIGHT DISPATCHER

3. AIRCRAFT MAINTENANCE TECHNICIAN

4. FLIGHT INSTRUCTOR CERTIFICATE

B. APPLICANT PERSONAL INFORMATION:

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

C. FOREIGN LICENCE INFORMATION:

| | | | | | | | | | | | |
|--|--|-------------------|--|------------------|--|--------------------|--|---------------------|--|--------------------|--|
| 1. LICENCE NUMBER | | 2. STATE OF ISSUE | | 3. DATE ISSUED | | 4. RATING(S) HELD | | | | | |
| 5. TOTAL FLIGHT HRS | | 6. TOTAL PIC HRS | | 7. TOTAL X-C HRS | | 8. TOTAL NIGHT HRS | | 9. INSTRUMENT PIC | | 10. TOTAL HRS TYPE | |
| 11. REMARKS & LIMITATIONS OF FOREIGN LICENCE | | | | | | | | 12. EXPIRATION DATE | | | |

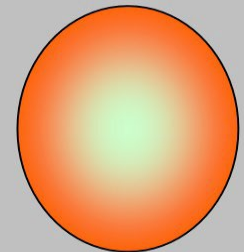
D. CAA-B LICENCE INFORMATION:

| | | | | | | | |
|-------------------|--|----------------|--|-------------------|--|--|--|
| 1. LICENCE NUMBER | | 2. DATE ISSUED | | 3. RATING(S) HELD | | | |
|-------------------|--|----------------|--|-------------------|--|--|--|

E. FOREIGN MEDICAL INFORMATION:

| | | | | | | | | | | | |
|--------------------------------|--|-------------------|--|------------------|--------------------|---------------------|--|--|--|--|--|
| 1. CLASS OF CERTIFICATE | | 2. STATE OF ISSUE | | 3. DATE OF ISSUE | | 4. MEDICAL EXAMINER | | | | | |
| 5. LIMITATIONS OR RESTRICTIONS | | | | | 6. EXPIRATION DATE | | | | | | |

**G. ATTACH APPLICANT PHOTO HERE
(Passport Size)**



F. 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 the validation authorization.

[Penalty \$5,000 or 6 months in prison]. A person shall not with intent to deceive by making any false representation for the purpose of procuring for himself or any other person the grant, issue, renewal, or variation of any such licence. (Civil Aviation Act 2021 Sec 50 (1)(c))

1. DATE

2. APPLICANT SIGNATURE:

H. CAA-B CERTIFICATION:

| | | | | | |
|---|--|--|--|--|--|
| 1. CIVIL AVIATION REGULATIONS FAMILIARIZATION YES <input type="checkbox"/> NO <input type="checkbox"/> | | 3. VERIFICATION WITH ISSUING CIVIL AVIATION AUTHORITY ICAO CONTRACTING STATE _____ YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 4. DATE (dd/mm/yyyy) | | 4. TEL _____ | | 5. EMAIL _____ | |
| 7. PERSONNEL LICENSING INSPECTOR SIGNATURE: | | 8. AIRWORTHINESS INSPECTOR SIGNATURE: | | 9. OPERATIONS INSPECTOR SIGNATURE: | |
| <input type="checkbox"/> Copy of other State's airman licence(s) attached | | <input type="checkbox"/> Copy of other State's medical evaluation attached | | <input type="checkbox"/> Work experience log (preceding 24 mths) | |
| <input type="checkbox"/> Evidence of English Language Proficiency | | <input type="checkbox"/> Copy of applicable aircraft-specific training or experience attached | | <input type="checkbox"/> Issuance recommended | |
| <input type="checkbox"/> Issuance recommended | | | | <input type="checkbox"/> Other relevant experience or training documents attached. | |
| | | | | <input type="checkbox"/> Evidence of proficiency | |
| | | | | <input type="checkbox"/> Evidence of recency | |
| Control Number: | | | | <input type="checkbox"/> Issuance recommended | |