



## APPLICATION FOR LICENSE (BASED ON A FOREIGN 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

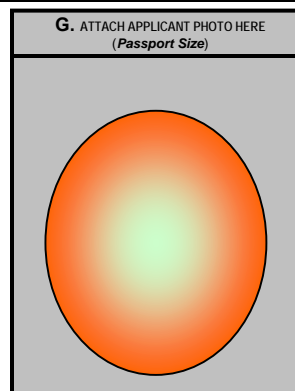
<b>A. APPLICATION FOR ISSUANCE OF A BAHAMAS LICENSE BASED ON</b>						<input type="checkbox"/> <b>CONVERSION</b> or <input type="checkbox"/> <b>VALIDATION OF A FOREIGN LICENSE:</b>	
1 <input type="checkbox"/> PILOT	3 <input type="checkbox"/> AIRCRAFT MAINTENANCE TECHNICIAN	6 <input type="checkbox"/> FLIGHT DISPATCHER					
1a <input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/> RPA	4 <input type="checkbox"/> INSPECTION AUTHORIZATION	7 <input type="checkbox"/> FLIGHT NAVIGATOR					
2 <input type="checkbox"/> FLIGHT ENGINEER	5 <input type="checkbox"/> FLIGHT INSTRUCTOR	8 ADDED RATING					

<b>B. APPLICANT PERSONAL INFORMATION:</b>															
1. NAME (Last, First, Middle)							2. PERMANENT ADDRESS (Street or PO Box Number)								
3. TELEPHONE AND FAX							4. CITY		STATE/PROVINCE		MAIL CODE		COUNTRY		
5. DATE OF BIRTH (MONTH, DAY, YEAR)				6. PLACE OF BIRTH			7. NATIONALITY (CITIZENSHIP)			8. LANGUAGE PROFICIENCY 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. For CAA-B Use			

<b>C. FOREIGN LICENSE INFORMATION:</b>									
1. LICENSE 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. (THIS SPACE INTENTIONALLY LEFT BLANK)								12. EXPIRATION DATE	

<b>D. CAA-B LICENSE INFORMATION:</b>							
1. LICENSE NUMBER		2. STATE OF ISSUE		3. DATE ISSUED		4. RATING(S) REQUESTED	
5. RATINGS AND LIMITATIONS TO BE ISSUED						6. ASSIGNED NUMBER & EXPIRATION DATE	

<b>E. MEDICAL INFORMATION: (CAA-B MEDICAL REQUIRED FOR ISSUANCE)</b>					
1. CLASS OF CERTIFICATE		2. STATE OF ISSUE	3. DATE OF ISSUE	4. MEDICAL EXAMINER	
5. LIMITATIONS OR RESTRICTIONS			6. EXPIRATION DATE		



<b>F. APPLICANT'S CERTIFICATION—</b> 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.					
[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 license. (Civil Aviation Act 2021 Sec 50 (1)(c))	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. DATE</td> <td style="width: 50%;">2. APPLICANT SIGNATURE:</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>	1. DATE	2. APPLICANT SIGNATURE:		
1. DATE	2. APPLICANT SIGNATURE:				

<b>H. CAA-B CERTIFICATION:</b>					
<input type="checkbox"/> 1. CIVIL AVIATION REGULATIONS FAMILIARIZATION YES <input type="checkbox"/> NO <input type="checkbox"/>			3. VERIFICATION WITH ISSUING CIVIL AVIATION AUTHORITY YES <input type="checkbox"/> NO <input type="checkbox"/> ICAO CONTRACTING STATE _____ TEL _____ EMAIL _____		
4. DATE (dd/mm/yyyy)					
7. PERSONNEL LICENSING INSPECTOR SIGNATURE:		AIRWORTHINESS INSPECTOR SIGNATURE:		OPERATIONS INSPECTOR SIGNATURE:	
<input type="checkbox"/> Copies of all issued Bahamas license(s) attached	<input type="checkbox"/> Copy of other State's medical evaluation attached	<input type="checkbox"/> Last 12 months experience reviewed (required for Inspection Authorization)	<input type="checkbox"/> Airman logbook reviewed for experience requirements		
<input type="checkbox"/> Copy of other State's airman license(s) attached	<input type="checkbox"/> Copy of applicable aircraft-specific training or experience attached	<input type="checkbox"/> Copy of aircraft lease reviewed for applicable time period	<input type="checkbox"/> Other relevant experience or training documents attached		
Control Number:		<input type="checkbox"/> Recommend issuance of license	<input type="checkbox"/> Recommend issuance of licence		