



TRINIDAD AND TOBAGO CIVIL AVIATION AUTHORITY

APPLICATION FOR GRANT OR RENEWAL OF:

- FLIGHT TEST EXAMINER AUTHORIZATION
- GROUND INSTRUCTOR AUTHORIZATION
- FLIGHT INSTRUCTOR RATING

I hereby apply for the **GRANT/RENEWAL** of.....

1. (a) Surname.....
(BLOCK CAPITALS)

(b) First name (s)
(BLOCK CAPITALS)

3. (a) Residential Address: (b) Postal Address:
.....
.....

4. (a) Type of licence (b) No. (c) Valid to

5. (a) Private Telephone No. (b) Business Telephone No.

6. Place of Birth: 7. Date of Birth:
yy/mm/dd

8. Nationality: 9. Sex: M F

10. Name of School at which instructed.

11. Date of last Instrument test.....

12. Date of last Proficiency Check.....

13. Total Instrument Flying Hours



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14. FLYING EXPERIENCE

Hours Claimed	Day				Night				Total
	PIC	PIC(us)	Co-Pilo	Dual	PIC	PIC(us)	Co-Pilo	Dual	
Total hours as Pilot
During last 6 months
During last 12 month

15. Simulator hours

16. I have met all the requirements for the Grant/Renewal of this Rating. YES NO

17. Details of training received or training since last application.

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18. **DECLARATION** – I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

.....
Date of Application

.....
Signature of Applicant

FOR OFFICIAL USE ONLY

Fees Paid:

Date:

Receipt #

File #

This application is: Approved
 Not Approved

Remarks:

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Officer Reviewing Application

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Date