



TRINIDAD AND TOBAGO CIVIL AVIATION AUTHORITY

APPLICATION FOR GRANT, RENEWAL OR EXTENSION OF FLIGHT ENGINEER'S LICENCE – (See reverse for general information)

I hereby apply for Grant/Renewal/Extension of Flight Engineer's Licence

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

a) First name (s)
(BLOCK CAPITALS)

2) (a) Date of Birth: (b) Place of Birth.....
yy/mm/dd

3) Sex: M. F. 4) Nationality.....

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

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

7) (a) Name of Employer.....
(b) Date of Joining..... (c) Employed at.....
(d) Employed as.....

IN CASE OF APPLICATION FOR EXTENSION OR RENEWAL

8) (a) Licence No (b) Date of Expiry.....

IN CASE OF APPLICATION FOR GRANT OR EXTENSION

9) Type of aircraft.....

10) Are you the holder of any Flight Engineer's Licence issued by another Contracting State If so, state:

(i) Issuing Authority..... (ii) Number of Licence

(iii) Date of Expiry..... (iv) Type.....

11) (a) Medically examined in accordance with the Civil Aviation Regulations 2002. YES / NO.

(b) Date of Examination
yy/mm/dd

(c) Name of Civil Aviation Medical Examiner

To be completed only when the application is for the renewal of a licence



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12) Particulars of experience in flight engineering duties during past twelve months

Type of Aircraft	Hours Claimed	Official use only

To be completed only when the application is for the renewal of a licence.

13) Give particulars of all training courses taken, dates and results:

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14) Are you qualified (a) Pilot (b) Flight Engineer

15) Air experience

	Hours Claimed	Official Use Only
(i) Total number of hours experience in flight engineering duties		
(ii) Number of hours experience in flight engineering duties on board the type of aircraft to which this application relates or one of similar characteristics, during the 12 month immediately preceding the date of the application		

16) Certificate to be signed by pilot in charge.....aircraft. I certify that Mr/Ms has demonstrated in flight to my satisfaction with respect to emergency procedures and his/her ability to take appropriate action in the event of any engine failure occurring, particularly during landing and take-offs.

Date..... SignedLicence No.....
yy/mm/dd

17) **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

Fees Paid _____ Date: _____ Receipt No: _____ File No: _____

Information and Instructions:

- 1) This form when completed should be forwarded to the Director General of Civil Aviation, P.O. Box 2163, National Mail Centre, PiarcO, Republic of Trinidad and Tobago, Trinidad, W.I. or Civil Aviation Administrative Centre, Golden Grove Road, PiarcO, Trinidad .W.I together with the following:
 - i. The appropriate fees
 - ii. All personal flying Log Book(s), its entries certified by the relevant authorities e.g. Chief Flying Instructor, Director of Flying Operations, Chief Pilot ,etc.;
 - iii. Evidence of qualification to meet the requirement for the Grant/Renewal of the licence; and
 - iv. Medical Assessment from approved Civil Aviation Medical examiner.
- 2) The Regulations governing Grant of licence is established in Part 2of the Trinidad and Tobago Civil Aviation Regulations
- 3) The Regulation governing proficiency checks is established in Part 8 of the Trinidad and Tobago Civil Aviation Regulations.