



# TRINIDAD AND TOBAGO CIVIL AVIATION AUTHORITY

## LETTER OF DISCONTINUANCE

Date: .....  
*dd/mm/yy*

Applicant's name and address: .....  
.....  
.....

Dear:

On this date you successfully completed the oral portion of the skill test for a .....  
Licence with an ..... category and .....  
*(Indicate category)* *(Indicate class or type)*  
class or type rating. The skill test/proficiency check was discontinued because of .....  
*Indicate reason*

If application is made by .....  
*(Indicate a date 60 days from day of letter)*  
this letter may be used to show the following portions of the skill test which have been completed satisfactorily.

*Indicate pilot operations completed on the test*

After ..... you must repeat the entire skill test  
*Indicate expiration date*

This letter does not extend the expiration date as shown on the knowledge test results, medical certificate or required endorsements.

Sincerely,

Examiner ..... Licence No. .... Date: .....  
*dd/mm/yy*