

APPLICATION FOR GRANT / VALIDATION or CONVERSION of a PROFESSIONAL PILOT'S LICENCE

(See reverse for general information)

(c) Other name(s) (d) Other name(s) (e) Other name(s) (g) Other name(s) (g) Other name(s) (g) Other name(s) (g) Other name(s) (h) Postal Address: (h) Postal Address: 4. (a) Private Telephone No. (b) Business Telephone No. (c) Email contact. 5. Place of Birth: 7. Nationality: 8. Sex: M F 9. Name of Club/School at which instructed. 10. PARTICULARS OF LICENCES ALREADY HELD Place of Issue	2. (a) Surname		(BLOCK CAPIT				
(c) Other name(s) (d) Residential Address: (b) Postal Address: 4. (a) Private Telephone No. (c) Email contact. 5. Place of Birth: 7. Nationality: 8. Sex: M F F 9. Name of Club/School at which instructed. 10. PARTICULARS OF LICENCES ALREADY HELD Place of Issue Date of Issue Type of Licence Number Expiry Date 11. Category, Class and or Type (if required) for which the Licence or Validation is required. Category Class Type	(b) First name.			· · · · · · · · · · · · · · · · · · ·			
3. (a) Residential Address: (b) Postal Address: 4. (a) Private Telephone No. (b) Business Telephone No. (c) Email contact. 5. Place of Birth: 6. Date of Birth: yy/mm/dd 7. Nationality: 8. Sex: M □ F □ 9. Name of Club/School at which instructed. 10. PARTICULARS OF LICENCES ALREADY HELD Place of Issue Date of Issue Type of Licence Number Expiry Date 11. Category, Class and or Type (if required) for which the Licence or Validation is required. Category Class Type 12. Instrument Rating held and state date of last test.	(c) Other name	(c)	,	•			
4. (a) Private Telephone No. (b) Business Telephone No. (c) Email contact. 5. Place of Birth: 6. Date of Birth: yy/mm/dd 7. Nationality: 8. Sex: M F F Parameter Fig. 1. Sex Parameter Fig. 1. Sex Parameter Fig. 2. Sex P	(c) Other hame	(s)					
4. (a) Private Telephone No	` '		` '				
4. (a) Private Telephone No. (b) Business Telephone No. (c) Email contact. (c) Email contact. (d) Email contact. (e) Email contact. (e) Email contact. (f) Email con							
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7. Nationality:	. , ,		• •	-			
7. Nationality:	5. Place of Birth:		6. Date of Birt				
10. PARTICULARS OF LICENCES ALREADY HELD Place of Issue	7. Nationality:		8. Sex: M [yy/mm/dd		
Place of Issue	9. Name of Club/So	chool at which instruc	eted				
11. Category, Class and or Type (if required) for which the Licence or Validation is required. Category Class Type 12. Instrument Rating held and state date of last test	10. PARTICULAR	S OF LICENCES AI	LREADY HELD				
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Category Class Type 12. Instrument Rating held and state date of last test	11. Category, Class	and or Type (if requi	ired) for which the L	icence or Valida	ation is required.		
12. Instrument Rating held and state date of last test.			·	Type			
	Curegory	Cluss		-			
		<u> </u>					
	12. Instrument Rati	ng held and state date	e of last test				
13. Total Instrument Flying Hours	10 m 11						
14. Flight Instructor Rating							

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14. FLYING EXPERIENCE

Hours Claimed	ì	Day			Night					
		PIC	PIC(us)	SIC	Dual	PIC	PIC(us)	SIC	Dual	Total
Total hours as P	Pilot	•••••	•••••	•••••	•••••				•••••	••••
15. Whether yet medically examined in accordance with the Civil Aviation Regulations 2002 YES / NO										
16. If so, state date of examination and name of Medical Examiner										
Foreign Me	edical E	xpiry Da	ate: VAL	IDATIO	ON ONL	Y				
17. Date of EC	G:			l	Date of A	Audiogran	m			
18. I am able to	o read, s	speak, w	rite, and	understa	nd the Er	nglish lan	iguage.		YES /	NO
English La	nguage	Proficie	ncy Leve	·l		Valid to			ONTH	// YEAR
19. I have met	all the r	equirem	ents for t	he Grant	of this l	icence.		YES	/ NO	
20. DECLARATION – I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.										
	Dat	te of Ap	plication					ignature	of Appl	icant
		1	FO	R OFFI	CIAL U	JSE ON	LY	ı		
Fees Paid:		Da	ate:		Red	ceipt #		File #	<u> </u>	
			INFO	RMATION	AND IN	STRUCTIO	ONS:			
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 Trinidad and Tobago Civil Aviation Authority, Administrative Centre, Caroni North Bank Road, Piarco, Trinidad, W.I together with the following:										
a.	a. The appropriate fees;									
b.	b. Documents relating to proof of age, date of birth, full name and nationality. (copies will be accepted of documents									
	that are to be returned to the applicant, copies of these documents must be legible and will be certified by									
	licensing staff as true copies of the original. Where a document is printed in a language other than English, the applicant must provide a notarized translation).									
		-								** ** *
										Validation
			Log воок(s perations, С			by the rete	ечат ашпо	rilles e.g. C	niej Fiying	Instructor,
	Evidence of qualification to meet the requirement for the grant / validation / conversion of the licence;									
	Any Licences held;									
g.	Letter of Acceptance from certified Flying School / Instructor.									

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