



TRINIDAD AND TOBAGO CIVIL AVIATION AUTHORITY

APPLICATION FOR RENEWAL of MEDICAL CERTIFICATE of a PILOT'S LICENCE

(See reverse for general information)

1. I hereby apply for **RENEWAL** of the Medical Certificate of a
ATPL / CPL / PPL / SPL
2. Licence No.. 3. Sex: M ☐ F ☐ Email:.....
4. CLASS of AIRCRAFT **Rotorcraft / Fixed Wing** 5. Medical Expiry Date:
yy/mm/dd
6. (a) Surname.....
(BLOCK CAPITALS)
(b) First name (s)
(BLOCK CAPITALS)
(c) Other name(s)
(BLOCK CAPITALS)
7. (a) Residential Address:
.....
(b) Postal Address:
.....
8. (a) Private Telephone No. (b) Business Telephone No.

9. Flight Tests

DATE OF LAST SUCCESSFUL AIRCRAFT PROFICIENCY TEST	(YEAR/MONTH/DAY) / /	ACFT/SIM (STATE TYPE OF ACFT)	AUTHORIZED EXAMINER'S NAME AND NUMBER;
DATE OF LAST SUCCESSFUL INSTRUMENT RATING TEST	YEAR/MONTH/DAY / /	ACFT/SIM (STATE TYPE OF ACFT)	AUTHORIZED EXAMINER'S NAME AND NUMBER;

10. **Particulars of FLYING EXPERIENCE.** **Total Hours**

11. (a) Whether yet medically examined.....

(b) If so, state date of examination, name and address of Medical Examiner.....

(c) Date of ECG: Date of Audiogram

English Language Proficiency Level _____ Valid to/...../.....
DAY / MONTH / YEAR

12. **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

TO BE COMPLETED BY APPLICANT WHERE THE MEDICAL ASSESSMENT OF FITNESS HAS BEEN MADE BEFORE THE DATE OF APPLICATION FOR THE RENEWAL OF CERTIFICATE OF VALIDITY.

13. I hereby certify that since the date on which I was last medically examined as to my fitness to hold a Pilot's Licence I have not suffered from any defect, disability or disease.

.....
Date of Application

.....
Signature of Applicant

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

Information and Instructions:

- 1) *The Certificate of Validity of Pilot Licence testifies to the medical fitness of the licence holder and also satisfies all the other requirements for competency and recency established by the Trinidad and Tobago Civil Aviation Authority.*
- 2) *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 Complex, Caroni North Bank 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 renewal of the Certificate of Validity of the licence;. and*
 - iv) *Medical Assessment from approved Civil Aviation Medical examiner.*
- 3) *The Regulation governing Recency and Competency of Pilot's Licence is established in **Part 8** and associated Implementation Standards of the Trinidad and Tobago Civil Aviation Regulations.*
- 4) *The Regulation governing Medical Standards is established in **Part 2** and associated Implementation Standards of the Trinidad and Tobago Civil Aviation Regulations.*