



**CIVIL AVIATION AUTHORITY
FLIGHT SAFETY DIVISION
4 WINCHESTER ROAD - KINGSTON 10 - JAMAICA**

APPLICATION FOR FLIGHT CREW LICENCE

INSTRUCTIONS:

- 1) To be accompanied by evidence of having met the requirements with respect to age, full name, citizenship, medical fitness, knowledge, experience, skill and fees. All licence applications shall be submitted to the Director Flight Safety.
- 2) Print in ink or type.
- 3) Applicant must complete parts A, B and C of the application only.
- 4) Indicate the type of licence and category of aircraft desired, by placing an X in the appropriate squares.
- 5) Birth or baptismal certificate or citizenship documents, as applicable, shall accompany the application unless submitted previously.
- 6) Submit in duplicate.

PART A – GENERAL INFORMATION									
SURNAME		FULL GIVEN NAME(S) - NO INITIALS							
MAILING ADDRESS (NUMBER AND STREET)				APT.NO.		TELEPHONE NO.			
CITY/TOWN		PARISH / STATE / PROVINCE		COUNTRY		POSTAL CODE			
DATE OF BIRTH		PLACE OF BIRTH		CITIZEN OF		SEX <input type="checkbox"/> M <input type="checkbox"/> F			
DATE OF LAST MEDICAL	MEDICAL CATEGORY		MEDICAL CERTIFICATE NUMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO		LICENCE HELD NUMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME OF FLYING TRAINING UNIT:					STUDENT PILOT LICENCE NO.				
Licence Applied For:									
STUDENT PILOT <input type="checkbox"/> AEROPLANE <input type="checkbox"/> HELICOPTER		PRIVATE PILOT <input type="checkbox"/> AEROPLANE <input type="checkbox"/> HELICOPTER		COMMERCIAL PILOT <input type="checkbox"/> AEROPLANE <input type="checkbox"/> HELICOPTER		AIRLINE TRANSPORT PILOT <input type="checkbox"/> AEROPLANE <input type="checkbox"/> HELICOPTER		OTHER <input type="checkbox"/> FLIGHT ENGINEER <input type="checkbox"/> GLIDER <input type="checkbox"/> BALLOON	
(DETAILS OF EXPERIENCE MUST BE ENTERED IN PART B OF THIS FORM)									
_____				_____					
DATE				SIGNATURE OF APPLICANT					

PART B EXPERIENCE (Record additional aircraft types on a separate sheet of paper)								
SECTION 1 – AEROPLANE/HELICOPTER FLIGHT TIME								
AIRCRAFT TYPE	DAY			NIGHT			YEAR TYPE LAST FLOWN	
	DUAL	PIC	CO-PILOT	DUAL	PIC	CO-PILOT		
TOTAL – AEROPLANES							GRAND TOTAL	
TOTAL - HELICOPTERS								
TOTALS								
TOTAL – MULTI-ENGINE								
TOTAL - SEAPLANES								
CROSS COUNTRY EXPERIENCE	DAY			NIGHT			INSTRUMENT FLIGHT	
	DUAL	PIC	CO-PILOT	DUAL	PIC	CO-PILOT	AIRCRAFT FLIGHT TIME	
								APPROVED GROUND TRAINER INSTRUMENT TIME



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SECTION 2 – GLIDER FLIGHT TIME

DUAL	SOLO	TOTAL	SOLO TAKE-OFFS AND LANDINGS
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SECTION 3 – BALLOON/AIRSHIP FLIGHT TIME

TOTAL UNTETHERED FLIGHT TIME	DUAL INSTRUCTION FLIGHTS	ASCENT TO 5000' AGL	FLIGHTS AS SOLE OCCUPANT	TOTAL TIME
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SECTION 4 – FLIGHT ENGINEER TIME

TOTAL FLIGHT TIME	TOTAL SIMULATOR TIME	AIRCRAFT TYPES
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SECTION 5 – PILOT APPLICANTS (MILITARY PILOTS)

NUMBER OF HOURS AS PIC IN CATEGORY APPLIED FOR IN LAST 12 MONTHS

PART C DECLARATION OF ALL APPLICANTS

I hereby declare that to the best of my knowledge the above particulars are true in every respect.

_____ DATE

_____ SIGNATURE

PART D CERTIFICATION OF EXPERIENCE (To be completed by CAA or Authorized Person)

FLIGHT TIMES AGREE WITH CERTIFIED LOGBOOK OR PILOT TRAINING RECORD

VERIFIED BY: _____
PRINT NAME SIGNATURE INSPECTOR NUMBER

PART E (FOR CAA USE ONLY)

LAST MEDICAL VALID UNTIL YY ____ MM ____ DD ____	MEDICAL CATEGORY	AGE	LICENCE FEE PAID	RECEIPT NO.
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QUOTE REFERENCE FOR WAIVER OF:

LICENCE FEE _____ EXAMS _____ FLIGHT TEST _____

COPY ATTACHED OF:

A) LETTER OF RECOMMENDATION FOR: GLIDER BALLOON FLIGHT ENGINEER
OR (B) FLIGHT TEST REPORT FOR ALL OTHER FLIGHT CREW LICENCES

EXAMINATIONS AND TESTS

TEST CODE	DATE (YYMMDD)	MARK	FEE	RE-TEST	TEST TYPE

ENDORSEMENTS TO LICENCE:

Licence Category:	Licence Class:	Type Rating(s):
Instrument Rating Valid To Date:	Instrument Rating Group:	Restrictions:
Instructor Rating: <input type="checkbox"/> Instructor <input type="checkbox"/> Assistant Instructor <input type="checkbox"/> Night Teaching <input type="checkbox"/> Instrument Teaching <input type="checkbox"/> Multi-Engine Teaching <input type="checkbox"/> Instructor Teaching		Valid To Date:

CHECKED AND RECOMMENDED FOR ISSUE:

_____ NAME SIGNATURE DATE

APPROVED FOR THE DIRECTOR GENERAL, CIVL AVIATION:

_____ NAME SIGNATURE INSPECTOR NO. DATE