



APPLICATION FOR FLIGHT CREW LICENSE VALIDATION

All dates on this Application should reflect the format: Day-Month-Year

A. APPLICANT DATA:

1. Type of Application: Initial Renewal; if so provide VAL No. /
2. Position: Captain First Officer Flight Engineer 7. Date of Birth: _____
3. Last Name: _____ 8. Place of Birth: _____
4. Given Name: _____ 9. Nationality: _____
5. Employing Company: _____ 10. Passport Number: _____
6. A/C Type(s) Requested: _____ 11. E-mail: _____

B. LICENSE DATA: Aeroplane Helicopter

1. State of Issue: _____ 4. Date of Issue: _____
2. License No: _____ 5. Date of Expiry: _____
3. Type of License: ATPL CPL PPL FEL 6. Instrument Ratings: Yes No

C. MEDICAL DATA:

1. Type of Certificate: Class 1 * Class 2 *Applicable only for Flight Engineer
2. Date of Issue: _____ 3. Date of Expiry: _____

D. FLYING EXPERIENCE:

1. Total Flight Time as Pilot in Command (PIC): _____ 4. Total Flight Time as Second in Command (SIC): _____
2. ** Total PIC on Multi Crew Aircraft: _____ ** (Captain on MPA + 50% Co Pilot on MPA)
3. Total Flight Time on A/C Type(s) Requested: _____ 5. Grand Total: _____

E. CURRENCY DATA:

1. Latest License Proficiency Check: _____ **Applicable for Captain Only:**
2. Latest Date Flown on A/C Type(s) requested: _____ Right Hand Seat Qualified: Yes No
3. Three landings/take-offs on type during last 90 days: Yes No

This Application will not be processed unless completely filled out and accompanied by legible copies of the following:

1. Operator Letter for initial validation requests only
2. Signed Foreign License including type rating and English Proficiency Level
3. Radio License
4. Latest License Proficiency Check (LPC) or initial Skill Test if new type rating; Note: EASA/JAA license holders need not send LPC if the LPC date is mentioned on the license
5. Latest Class 1 Medical Examination Certificate; Note: Class 2 applicable for Flight Engineer only
6. Current Passport

F. DECLARATION:

By signing the application I hereby declare that all information provided is truthful and correct. I am aware that I may not exercise privileges other than the privileges authorized by my license under its conditions and limitations, and which may be further limited by the Department of Civil Aviation of Aruba.

Signature of Applicant

Date (Day-Month-Year)