

Licence, Rating, Authorization Or Validation Certificate Application – CCAA PEL 002

<input type="checkbox"/> Issue	<input type="checkbox"/> Renewal	<input type="checkbox"/> Re-issue	<input type="checkbox"/> Adding rating	<input type="checkbox"/> Adding Authorization
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I. APPLICATION INFORMATION

<input type="checkbox"/> Student Pilot Authorization <input type="checkbox"/> Private Pilot Licence(A) <input type="checkbox"/> Commercial Pilot Licence(A) <input type="checkbox"/> Airline Transport Pilot Licence (A) <input type="checkbox"/> Private Pilot Licence (H) <input type="checkbox"/> Commercial Pilot Licence (H) <input type="checkbox"/> Airline Transport Pilot Licence (H) <input type="checkbox"/> Instrument Rating (A) <input type="checkbox"/> Instrument Rating (H) <input type="checkbox"/> Class Rating <input type="checkbox"/> Type Rating	<input type="checkbox"/> Cat II Authorization <input type="checkbox"/> Cat III Authorization <input type="checkbox"/> Flight Instructor Authorization <input type="checkbox"/> Instructor additional type Rating <input type="checkbox"/> Instructor SFT Authorization <input type="checkbox"/> Examiner Authorization <input type="checkbox"/> Aviation Maintenance Technician Licence <input type="checkbox"/> Flight Dispatcher Licence <input type="checkbox"/> Air Traffic Controller Licence <input type="checkbox"/> Flight Engineer Licence <input type="checkbox"/> Validation Certificate		
A. Name: 	B. Date of birth (dd/mm/yy): 	C. Place of birth: 	
D. Address: 	E. Nationality: 		
	F. Height: 	G. Weight: 	
	H. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	I. Hair: 	
	J. Eyes: 		
K. Do you now hold, or have you ever held a Curaçao licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	L. If yes, has licence ever been suspended or revoked: <input type="checkbox"/> Yes, date: _____ <input type="checkbox"/> No	M. Type of licence: 	O. Date issued:
		N. Number: 	
P. Do you hold a medical certificate? 	Q. Class of certificate: 	R. Date issued: 	S. Name of examiner:

AVIATION MAINTENANCE TECHNICIAN LICENCE :

RATING	A	B1	B2	B3	C
Aeroplane Turbine	<input type="checkbox"/>	<input type="checkbox"/>			
Aeroplane Piston	<input type="checkbox"/>	<input type="checkbox"/>			
Helicopter Turbine	<input type="checkbox"/>	<input type="checkbox"/>			
Helicopter Piston	<input type="checkbox"/>	<input type="checkbox"/>			
Avionics			<input type="checkbox"/>		
Piston engine non-pressurised aeroplanes of MTOM of 2t and below				<input type="checkbox"/>	
Large aircraft					<input type="checkbox"/>
Aircraft other than large aircraft					<input type="checkbox"/>

Type endorsement/rating endorsement/limitation removal (if applicable) :

II. LICENCE, RATING, AUTHORIZATION OR VALIDATION CERTIFICATE APPLIED FOR ON BASIS OF :

<input type="checkbox"/> A. Completion of required knowledge test	1. Knowledge test for _____ licence/rating successfully completed		2. Date of completion of knowledge test:
<input type="checkbox"/> B. Completion of required skill test/proficiency check	1. Aircraft to be used (if flight test required):	2a. Total time in this aircraft: _____ hours	2b. Pilot in command: _____ hours
<input type="checkbox"/> C. Graduate from integrated course of approved training:	1. Name and location of ATO:		2. ATO Number:
	3. Course from which graduated:		4. Date:
<input type="checkbox"/> D. Military competence obtained in:	1. Service:	2. Date rated:	3. Rank or grade and service number:
	4. Has flown at least 10 hours as pilot in command during the past 12 months in the following military aircraft:		
	5. Date of check in past 12 months:		

<input type="checkbox"/> E. Holder of foreign licence issued by:	1. Country:	2. Grade of licence:	3. Number:
	4. Ratings:		

III. RECORD OF PILOT TIME

	Total	Instruction Rec'd	Solo	PIC	Co-pilot	Cross Country	Instrument	As Flight Instructor
Aeroplane								
Helicopter								
	Night instruction Rec'd	Night take-off/landing		Hours for renewal	Date of hours for renewal			
Aeroplane								
Helicopter								

IV. Applicant's Certification I certify that the statements made by me on this application are true.	A. Signature :	B. Date :

CCAA Use Only

INSTRUCTOR'S RECOMMENDATION**I have personally instructed the applicant and consider this person ready to take the test.**

Date	Instructor's Signature (Print Name and Sign)	Instructor's No.	Instructor Rating expires:
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Aviation Training Organization:

The applicant has successfully completed our _____ approved course, and is recommended for _____ test.

Date	ATO name	ATO number	Signature
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DESIGNATED EXAMINER'S REPORT

- I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of CARs Part 2 for the licence, rating, authorization or certificate sought.
- I have personally tested/checked this applicant in accordance with pertinent procedures and requirements with the results indicated below.
 - Approved
 - Disapproved – Notice of Disapproval issued (Original Attached)
- I have personally checked
 - the language normally used in the State
 - the national language
 - the English language
 - or other language
- Renewal of rating: the new validity date of the rating has been indicated on the licence
- Renewal of authorization: the new validity date of the CAT II/III authorization has been indicated on the licence

Location of test (Facility, City):	Duration of test:	Ground: SFT: Flight:	
Licence, rating or authorization for which tested:	Type(s) of aircraft used:	Registration No.(s):	
Date:	Examiner's signature (Print Name & Sign):	Authorization No.:	Authorization expires:

EVALUATOR'S RECORD (USE FOR ATPL AND/OR TYPE RATINGS)

	Inspector	Examiner	Signature and Licence Number	Date
Oral	<input type="checkbox"/>	<input type="checkbox"/>		
Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>		
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>		

Aviation Safety Inspector/ Officer Report

I have personally tested/checked this applicant in accordance with pertinent procedures and requirements with the result indicated below.

- Approved
- Denial - Notice of Denial attached (Original Attached)

I have personally checked

- The language normally used in the State
- The national language
- The English language
- Or other language

Location of test (Facility, City):	Duration of test:	Ground: SFT: Flight:
Licence, rating or authorization for which tested:	Type's of aircraft used:	Registration No.(s):
Inspector's signature (Print Name & Sign):	Date:	<input type="checkbox"/> Renewal of Licence:

Attachments	Applicant identification	
<input type="checkbox"/> Student pilot authorization (copy) <input type="checkbox"/> Knowledge Test Report <input type="checkbox"/> Skill Test Report <input type="checkbox"/> Proficiency Check Report <input type="checkbox"/> Notice of Denial <input type="checkbox"/> Letter of Discontinuance <input type="checkbox"/> Graduation Certificate (copy) <input type="checkbox"/> Identification document (copy) <input type="checkbox"/> Endorsement from instructor (if relevant block has not been completed) <input type="checkbox"/> Verification of authenticity of foreign licenc	Form of ID : _____ ID Name: _____ Number: _____ Date of birth: _____ Expiration date: _____ Telephone Number: _____	Licence number: _____ Email address: _____
CCAA REPORT		
<input type="checkbox"/> Student Pilot Authorization issued <input type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Issue of flight crew licence <input type="checkbox"/> Issue of AMT Licence <input type="checkbox"/> Issue of ATC Licence <input type="checkbox"/> Issue of Flight Dispatcher Licence <input type="checkbox"/> Renewal of flight crew licence <input type="checkbox"/> Renewal of AMT Licence <input type="checkbox"/> Renewal of ATC Licence <input type="checkbox"/> Renewal of Flight Dispatcher Licence <input type="checkbox"/> Re-issue of flight crew licence <input type="checkbox"/> Re-issue of AMT Licence <input type="checkbox"/> Re-issue of ATC Licence <input type="checkbox"/> Re-issue of Flight Dispatcher Licence	<input type="checkbox"/> Issue of rating <input type="checkbox"/> Renewal of rating <input type="checkbox"/> Re-issue of rating <input type="checkbox"/> Issue of authorization <input type="checkbox"/> Renewal of authorization <input type="checkbox"/> Re-issue of authorization <input type="checkbox"/> Issue of Validation Certificate Licence based on: <input type="checkbox"/> Knowledge test <input type="checkbox"/> Integrated course <input type="checkbox"/> Skill test <input type="checkbox"/> Military competence <input type="checkbox"/> Foreign licence	
Training course name:	Graduation Certificate No.	Date
Date:	Staff signature (Print name & sign):	