

Application for aviation personnel licence validation

AVIATION PERSONNEL DATA

Last name: _____

First Name: _____

Country: _____

Date of birth: _____

Employing company: _____

Passport № _____

LICENCE DATA

Type of licence: _____

Licence number: _____

Ratings: _____

Special remarks (limitations): _____

Issued by: _____

Expiry date: _____

MEDICAL DECLARATION

Type of certificate (class 1 / 2 / 3): _____

Latest examination date: _____

Expiry date: _____

Limitations: _____

FLIGHT EXPERIENCE:

Total flight hours on A/C type requested: _____

Total flight hours as pilot in command (PIC): _____

Total flight hours as first officer: _____

Total instrument flight hours: _____

Grand total flight hours: _____

FLIGHT CHECK DATA

Three take-offs/landings on type during last 90 days (Y/N): _____

Date of the latest proficiency check: _____

Full name of examiner: _____

Latest flight date:

DECLARATION

I, _____ hereby declare that above supplied information is truthful and correct. I am aware that I may not exercise privileges other than the privileges authorized by my licence under its conditions and limitations, and which may be further limited by the Civil Aviation Authority of the Republic of Kazakhstan.