

Place for
picture
3,5 X
4,5cm

Submission of flight crew members for issuance of a licence

(type of licence)

(surname, name patronymic (if any))

Position held:

Subdivision:

Date of birth:

General education:

Special education and recent retraining:

(name of educational institution, courses, month, year of graduation)

Holds a medical certificate of the appropriate class:

Type(s) of aircraft:

Grand total hours: _____ of them at night: _____

Independent flying hours: _____ of them at night: _____

Independent flying by aircraft type:

Assigned weather minimums:

Presence of aviation accidents:

(nature, type of aircraft, date)

CONCLUSION: by his/her moral and business qualities is worthy of

Examiner:

*(surname, name,
patronymic (if any)*

(signature)

(date)

Applicant:

*(surname, name,
patronymic (if any)*

(signature)

(date)