AVIATION ADMINISTRATION OF KAZAKHSTAN

Application for aviation personnel license validation

Aviation personnel data			
Last name:		First name:	
Passport number:		DoB:	
Employing company:		Address:	

License data			
Type of license:		License number:	
Ratings:		Special remarks: (limitations, ICAO English language proficiency etc.)	
Issued by:		Expiry date:	

Medical declaration			
Type of certificate:	1 2 3	Latest examination date:	
Expiry date:			
Limitations:			

Flight experience			
Total flight hours on A/C type requested:		Total night flight hours:	
Total flight hours as pilot in command (PIC):		Total flight hours as first officer:	
Total flight hours as pilot in command (PIC) on Multi Pilot Aircraft:		Total instrument flight hours:	
Grand total flight hours:			

Notice Captain on MPA + 50 % Co Pilot on MPA*

Flight check data			
Three take-offs/landings on type during last 90 days:	**Yes** **No**	Latest proficiency check date:	
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 license under its conditions and limitations, and which may be further limited by the Civil Aviation Authority of the Republic of Kazakhstan.

Date:	Signature of applicant: