

APPLICATION FOR VALIDATION OF A FLIGHT CREW LICENCE

Use a separate form for each licence

PERSONAL DETAILS

Surname		Given Name(s)		Title	
Date of Birth		Country of Birth		Nationality	
Residential Address					
ZIP Code					
Private telephone No		Business Telephone No			

LICENCE APPLIED FOR - MARK APPROPRIATE BOX

Licence Type		Licence No	
Country of Issue			
Expiry Date of Licence		Expiry Date of Medical	
Current endorsements, ratings, limitations	Instrument <input type="checkbox"/>	Instructor <input type="checkbox"/>	
Do you hold a separate Flight Radio Telephone Operators Licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number <input type="text"/>
		Date of Issue	dd/mm/yy
Are there any restrictions (medical or operational) on your licence(s)?			

AERONAUTICAL EXPERIENCE

Aircraft category	Total time of flight	Single-pilot time		Multi pilot time	Night	PIC*	Co-pilot	PICUS**	Instrument rating	Instructor
		Single engine	Multi engine							
Aeroplane										
Helicopter										
Date of most recent flying (dd/mm/yy)						PIC* =Pilot in command PICUS** =Pilot in command under supervision				
Date of most recent flight test or proficiency review (dd/mm/yy)										

AIRCRAFT ENDORSEMENTS

List the aircraft for which you are endorsed and wish to fly in the Slovak Republic/registered in the Slovak Republic.	
Single engine aeroplanes	
Multi engine aeroplanes	
Helicopters	
Other aircraft	
I can use this licence for private purposes <input type="checkbox"/> commercial flights <input type="checkbox"/>	

OPERATOR USE ONLY

Operator's requirements for appropriate function	Endorsement

DECLARATION BY APPLICANT

I hereby declare that the particulars set out in this application are authentic and correct.
I agree that I shall not exercise the privileges granted by my licence or rating unless I maintain competency by meeting relevant requirements of Slovak regulations and any further limitations imposed by operator.

Date (dd/mm/yy)		Signature	
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DECLARATION BY OPERATOR

I hereby declare that the above mentioned person satisfies the aeronautical experience requirements.

Date (dd/mm/yy)		Signature	
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CAA PEL OFFICE USE ONLY

Licence No		Type of Licence		Fee collect		SK
Class and Type Ratings						
Limitations/Restrictions						
Validation renewed for the period from		Validation renewed for the period to				
Date (dd/mm/yy)		Approving Officer				
Date (dd/mm/yy)		Signature of Applicant				