Flight Safety Department Libyan Civil Aviation Authority





APPLICATION FOR ENGLISH LANGUAGE PROFICIENCY (ELP)

Please complete the form in BLOCK CAPITALS having read the pre-test briefing notes supplied by the

1. PERSONAI	DFT	AILS				iig reau tile p			•	,	
Full Name						Date of Birth					
Place of Birth							Nationality				
Title (Mr / Mrs)							E. mail				
Mobile No.							Address				
2. DETAILS O	FLIG	HT CREW	LICENCE	(S) HELD	(if a _l	pplicable)					
State of 1		rpe of licence (SPL,PPL, CPL, TPL, F/E ,F/D) &Category of License (e.g Aeroplane, Helicopter etc)				ass, Type & Ir atings endors		1 1:0	ence No	Expiry Date	
Date of Test		State where tested Examiner's Name Examiner's			r's	s Authorisation No. Re		Result	of Test	(ICAO Level 1 to 6)	
4. APPLICATI I am applying	-				e Pr	oficiency (EL	.P) exa	minatio	n indica	ated below :-	
			_		_						
SPL(A) □		PPL(A)	Ц	CPL (A)		ATPL (A) 🗆		FE 🗆	I	
SPL(A) □ SPL(H) □		PPL(A) PPL(H)		CPL (A)			A) 🗆 (H) 🗖		FE D	- _	
	y)	PPL(H)		CPL (H)						- _	

PEL SECTION Flight safety department **Libyan Civil aviation authority**



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6. ENGLISH LANGUAGE PROFICIENCY (ELP) EXAMINATION RESULT

ICAO Headings:	Pronunciation	Grammar / Structure	Vocabulary	Fluency	Comprehension	Interaction				
Level Result										
(Number):										
Overall Assessment is the Lowest Score in above Result Boxes (Minimum Pass is Level 4):										
Comments:										
I hereby declare that I have verified the required photographic evidence of the applicant's identity. Form of photographic Identification presented: IDENTY CARD										
_										
Examiner's Name	e (BLOCK CAPITA	LS)		Examiner No						
SUBMISSION INS		with the certific	cate of comple	tion must b	e sent to:					

pel@flightsafety.caa.gov.ly

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