

STATE OF LIBYA
CIVIL AVIATION AUTHORITY
FLIGHT SAFETY DEPARTMENT
PEL SECTION



APPLICATION FORM FOR
CONVERSION CABIN CREW
LICENSE

Application Form Conversion Cabin Crew License

1. Personal details			
Applicant's name			
Date of birth		Place of birth	
Nationality		Passport No.	
Address		Phone No.	
		Email	

2. licence Information			
State of license issue		License No.	
License Expiry Date		Type Indorsed in lic.	

3. Medical Certificate Information			
Date of issue		Validity	
Medical Certificate Class		Limitation	

4. supporting documents (please ✓) and must be attached .	✓
a. Copy of Foreign license & medical .	
b. Copy of passport .	
c. Verification letter .	
d. 3 personal Photos .	
e. Criminal certificate.	
f. Fees .	
g. LYCAA Medical certificate (Valid) .	

5. Applicant Signature	
I hereby declare that: • The information given is true and correct and that the documents attached are authentic	
Applicant Name:	
Date :	Applicant Signature