



Application Form for Conversion Foreign License

| 1. Personal details |  |                     |  |
|---------------------|--|---------------------|--|
| Name                |  |                     |  |
| Date of birth       |  | Place of birth      |  |
| Nationality         |  | ID No./Passport No. |  |
| Address             |  | Phone No.           |  |
|                     |  | Email               |  |

| 2. Information about holder's Foreign licence  |  |   |  |
|--|--|---|--|
| State of license issue   |  | License type & number   |  |
| License Expiry Date  |  | Type Rating expiry date   |  |
| Class Rating expiry date   |  | <input type="checkbox"/> IR <input type="checkbox"/> SE <input type="checkbox"/> ME expiry date |  |
| ELP Level <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> Six |  | Expiry Date   |  |
| Total flight Hrs   |  | Total Hrs on type   |  |

| 3. Information about Foreign Medical Certificate |                                  |            |  |
|--|----------------------------------|------------|--|
| Date of issue                                    |                                  | Validity   |  |
| Class  | <input type="checkbox"/> Class 1 | Limitation |  |

| 4. Information about holder's ratings |          |
|---------------------------------------|----------|
| Type of ratings                       | Validity |
|                                       |          |

| Section 5. The documentation to be submitted with the application  |  |
|--|--|
| Note : Mark with „✓“ which documents you enclose to this request   |  |
| Copy of valid foreign Commercial Pilot License (Present original ) |  |
| Copy of Log Book (Last 3 pages) Present original                   |  |
| Copy of valid foreign medical certificate                          |  |
| Copy of passport   |  |
| ATPL Theoretical examination Certificate if it applicable          |  |
| Valid ICAO English language proficiency at least level 4           |  |

| Section 6 Applicant Signature   |                      |
|---|----------------------|
| I hereby declare that:  |                      |
| • The information given is true and correct and that the documents attached are authentic |                      |
| Date:   | Applicant Signature: |