

Flight Safety Department Libyan Civil Aviation Authority PEL SECTION		APPLICATION FOR VALIDATION OF FLIGHT CREW LICENSE
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Application for validation of flight crew license

First Issue
 Renewal VAL-
 Non-Commercial Operation
 Commercial Operation

1. Personal details			
Applicant's name (last, middle, first)			
Date of birth		Place of birth	
Nationality		ID No./Passport No.	
Address in Libya		Phone No.	
		Email	
Crew Position		A/C Type for which validation is requested	

2. PARTICULARS OF THE LICENCE		
License to be validated	Country of issue	
	Type of Licence	
	Licence number	
	Date of issue	
	Date of expiry	
Instrument rating	A/C Type ratings	
	Date of Issue	
	Expiry date Instrument rating	
English Proficiency Level <input type="checkbox"/> FOUR <input type="checkbox"/> FIVE <input type="checkbox"/> SIX	Expiry date	

3. Details of Medical certificate			
<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 2	Latest Examination Date	
Expiry Date		Limitation	

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4. Flying Experience	
Total hours experience on specific A/C Type Requested	
Total Night Flight Time	
Total Flight Time (all acft.) as Pilot In Command (PIC):	
Total hours as First Officer	
Total PIC on Multi Crew Aircraft	
Grand Total Time	

5. Currency Data:	
Latest License Proficiency Check (LPC) Date	
Right Hand Seat Qualified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Latest Date Flown	
Three landings/take-offs on type during last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. DECLARATION OF APPLICANT :		
I declare that the information provided on this form is correct		
Name:	Signature:	Date:

Documents to be submitted	For CAA use
For LYCAA licence holders please submit:	
1. Copy of the licence held	
2. Copy of the medical held	
3. Copy of the most recent Pilot Proficiency Check Report	
4. Copy of the English Language Proficiency Report (where necessary)	
5. Copy of the passport	
6. Copy of the log book last 3 pages (certified)	
7. verification letter from state of issued license	
CAA USE ONLY	
Checked by	
Date	Signature