

Flight safety department
Libyan Civil aviation authority
PEL SECTION



APPLICATION
FORM FOR PILOT LICENSE
VERIFICATION

Please complete the form in BLOCK CAPITALS having read the guidance notes attached to this form.

1. PERSONAL DETAILS

FULL NAME			
Title (Mr. / Mrs. / Ms etc)		Date of Birth	
Place of Birth		Country of Birth	
Nationality		Passport No.	
Permanent address		Mobile Tel. No.	
E-mail		Operator	

2. DETAILS OF LYCAA ISSUED LICENCE(S) TO BE VERIFIED

Type of Licence	Category of Licence	Licence No.	Date of issue	Expiry date

Rating	Rank	ELP Level Expiry date	Instructor rating	Expiry date

3. DETAILS OF Libyan Medical TO BE VERIFIED

Class	Date of issue	Expiry date	Limitation

4. I hereby declare that the information given in this form is true and correct .

Applicant's Signature Date : / /



FSD – PEL –LIC. VER. 01

APPLICATION FOR
VERIFICATION OF A LICENCE

Guidance Notes

All sections of the application form must be completed by the applicant personally.

In order for the LYCAA to process your application as quickly as possible, it is important that you complete the application form correctly.

Please complete the form in conjunction with the following guidance notes.

Section 1 – Personal Details

The permanent address is what will be provided for licence verification purposes (provided it matches our records)

Section 2 – Details of Licence to be Verified

Please enter details of the flight crew licence .

Section 3 – DETAILS OF Libyan Medical TO BE VERIFIED

Please enter details of the Medical certificate .

Section 4 – Applicant's Declaration

This section must be completed by the applicant after reviewing all information entered on the application form.