



SECTION:	LICENSING FORMS	LIF-AC-004
TITLE:	APPLICATION FOR ADDITIONAL TYPE RATING OF PILOT LICENCE	

INSTRUCTION:

Please complete this form, either electronically / type written or, write in Block Capitals using black or dark blue ink. Fill in the full name as it is shown in the passport. Put a tick (✓) in the box for the appropriate option to choose. Failure to sign the form or to fill out the boxes and sections with correct information may result in delay or rejection of your application

PART – 1 - APPLICANT DETAILS

Name: _____ Gender: Male Female

Date of birth: _____ Age: _____

Licence No.: _____ ID Card/Passport No.: _____

Nationality: _____ Name of Employer: _____

Address: _____ Mobile Number (s): _____

Email Address: _____

PART – 2 - DOCUMENTS CHECKLIST / ATTACHEMENTS
(Please enclose the following documents in support of this application)

S. No.	Required Documents	Submitted (For CAMA Use Only)
1-	Request letter from applicant, employer or FTO	<input type="checkbox"/>
2-	Copy of type rating course completion certificate	<input type="checkbox"/>
3-	Copy of current licence	<input type="checkbox"/>
4-	Copy of current medical certificate	<input type="checkbox"/>
5-	Copy of the written exam result (In case of Instrument or Instructor rating endorsements)	<input type="checkbox"/>
6-	Original Copy of current (Flight Check / Skill Test / Proficiency Check (PC))	<input type="checkbox"/>
7-	Copy of Log Book with certified flying hours.	<input type="checkbox"/>
8-	Copy of English Language Proficiency (ELP) certificate / result from approved FTO	<input type="checkbox"/>
9-	Colour passport size photo with uniform & blue background.	<input type="checkbox"/>
10-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
11-	Other (Specify if any): _____	

PART – 3 - LICENSE & MEDICAL DETAILS

Medical Certificate No: _____ Class: I II Expiry Date: _____

Has your medical certificate (Yemeni or Foreign) ever been refused, downgraded, issued with a waiver, or issued with a limitation (except for use and carriage of glasses)? Yes No (If so, please submit details in separate sheet)

Has your license ever been suspended or revoked? Yes No (If so, please submit details in separate sheet)

PART – 4 - APPLICATION DETAILS

Requested Privileges

License Type: PPL CPL ATPL

Category: Aeroplane Helicopter **Group Ratings:** S / E Land M / E Land

Ratings: IR FI IRI CRI SFI STI TRI MCCI

English Language Proficiency (ELP) Level: 4 5 6 Assessment Date: _____



SECTION:	LICENSING FORMS	LIF-AC-004
TITLE:	APPLICATION FOR ADDITIONAL TYPE RATING OF PILOT LICENCE	

Requested Type Ratings												
Rating		Position					Date of Flight Check / Skill Test / PC			A / C Type	Examiner Name	
Class Rating		<input type="checkbox"/> Captain (P1) <input type="checkbox"/> Co-Pilot (P2)										
Type Rating		<input type="checkbox"/> Captain (P1) <input type="checkbox"/> Co-Pilot (P2)										
Instrument Rating		<input type="checkbox"/> Captain (P1) <input type="checkbox"/> Co-Pilot (P2)										
Logbook Hours	Total	PIC	SIC	Solo	Solo X-Country	Total X-Country	Instrument	Simulated Instrument	PIC Night	Total Night	Flight Instruction	IFR Time
Aeroplane												
Helicopter												

PART – 6 - APPLICANT DECLARATION



I hereby declare and certify that I have read and understood all the questions and notes set forth in this application and the answers I have furnished on all pages of this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the refusal of this application or the revocation/suspension of the license or rating.

Signature of Applicant (Sign inside the above box)

Date: _____

PART – 7 - CAMA ACTION
(For CAMA Use Only)

7-1 INSPECTOR / OFFICER ASSIGNED TO THIS APPLICATION

1- Age: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	4- Experience: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
2- Knowledge: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	5- Medical: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
3- Skill: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	6- Others: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
<input type="checkbox"/> Forward <input type="checkbox"/> Request More Information <input type="checkbox"/> Reject <input type="checkbox"/> Approve	

ENDORSEMENTS

S. No.	Rating	Position		A / C Type Rating
1-	Class Rating	<input type="checkbox"/> Captain (P1)	<input type="checkbox"/> Co-Pilot (P2)	
2-	Type Rating	<input type="checkbox"/> Captain (P1)	<input type="checkbox"/> Co-Pilot (P2)	
3-	Instrument Rating	<input type="checkbox"/> Captain (P1)	<input type="checkbox"/> Co-Pilot (P2)	

Comments of Inspector / Officer assigned to this application:

Name of Inspector / Officer assigned to this application: _____
Signature: _____ Date: _____

7-2 PEL MANAGER / D.G. OF PEL & EXAMINATION

Reject Approve

Name of PEL Manager / D.G. of PEL & Examination: _____
Signature: _____ Date: _____