



SECTION:	LICENSING FORMS	LIF-AC-002
TITLE:	APPLICATION FOR TEMPORARY AUTHORIZATION / VALIDATION PILOT (INITIAL ISSUE / EXTENSION)	

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: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth: _____	Age: _____
CAMA Licence No. (if any): _____	ID Card/Passport No.: _____
Nationality: _____	Name of Employer (if any): _____
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 (Initial Issue)	Submitted (For CAMA Use Only)
1-	Request letter from employer or FTO	<input type="checkbox"/>
2-	Copy of the foreign licence & medical certificate	<input type="checkbox"/>
3-	Copy of national ID card / passport ((Minimum 18 years of age for a PPL, CPL and 21 years for an ATPL)	<input type="checkbox"/>
4-	Copy of Air Law Examination Results	<input type="checkbox"/>
5-	Original Copy of current (Flight Check / Skill Test / Proficiency Check (PC))	<input type="checkbox"/>
6-	Copy of Log Book with certified flying hours.	<input type="checkbox"/>
7-	Original copy of verification / authentication letter from contracting state.	<input type="checkbox"/>
8-	Colour passport size photo with uniform & blue background	<input type="checkbox"/>
9-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
10-	Other (Specify if any): _____	

S. No.	Required Documents (Extension)	Submitted (For CAMA Use Only)
1-	Request letter from employer or FTO including reason for extension	<input type="checkbox"/>
2-	Copy of temporary authorization / validation letter	<input type="checkbox"/>
3-	Colour passport size photo with uniform & blue background	<input type="checkbox"/>
4-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>

PART – 3 - LICENSE & MEDICAL DETAILS

Do you hold a Yemeni Medical Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please complete the following items): Number: _____ Class: <input type="checkbox"/> I <input type="checkbox"/> II Expiry Date: _____
Do you hold a Foreign Medical Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please complete the following items): Number: _____ Authority: _____ Class: <input type="checkbox"/> I <input type="checkbox"/> II Expiry Date: _____
Do you hold or ever held a Foreign Pilot Licence? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please complete the following items): Licence Number: _____ Licence Type: _____
Has any license (Yemeni or Foreign) ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please submit details in separate sheet)
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)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please submit details in separate sheet)



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PART – 4 - APPLICATION DETAILS

Requested Privileges

License Type: PPL CPL ATPL

Application Type: Temporary Authorization Initial Issue Temporary Validation Initial Issue
 Extension to Temporary Authorization Extension to Temporary Validation

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:** _____

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)			

Have you been scheduled for examination? Yes No (If so, please complete the following items):
Exam Date: _____ **Result:** PASS FAIL

If you didn't appear for the exam, please state the reason: _____

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 licence 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

Forward Request More Information Reject Approve

Training Type: Line Training Line Flying

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)	



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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	
<input type="checkbox"/> Reject	<input type="checkbox"/> Approve
Name of PEL Manager / D.G. of PEL & Examination: _____	
Signature: _____	Date: _____