



<b>SECTION:</b>	<b>LICENSING FORMS</b>	<b>LIF-AC-003</b>
<b>TITLE:</b>	<b>APPLICATION FOR INITIAL ISSUE / CONVERSION OF PILOT LICENCE</b>	

**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 (v) 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	Submitted (For CAMA Use Only)
1-	Request letter from applicant, employer or FTO	<input type="checkbox"/>
2-	Copy of Pilot course completion certificates from approved FTO	<input type="checkbox"/>
3-	Copy of current CAMA medical certificate	<input type="checkbox"/>
4-	Copy of national ID card / passport (Minimum 17 years of age for a PPL, 18 years for a CPL and 21 years for an ATPL)	<input type="checkbox"/>
5-	Copy of CAMA examination results	<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 instructional flying hours.	<input type="checkbox"/>
8-	Copy of foreign licence and medical certificate (In case of conversion)- (If holder of CAMA Temporary validation, not required to submit the original foreign licence and medical.)	<input type="checkbox"/>
9-	Original copy of verification / authentication letter from the contracting state (In case of conversion).	<input type="checkbox"/>
10-	Copy of English Language Proficiency (ELP) certificate / result from approved FTO	<input type="checkbox"/>
11-	Colour passport size photo with uniform & blue background.	<input type="checkbox"/>
12-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
13-	Other (Specify if any): _____	

**PART – 3 - LICENSE & MEDICAL DETAILS**

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



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**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: \_\_\_\_\_

**Requested Type Ratings**

Rating	Position	Date of Flight Check / Skill Test / PC	A / C Type	Examiner Name
<b>Class Rating</b>	<input type="checkbox"/> Captain (P1) <input type="checkbox"/> Co-Pilot (P2)			
<b>Type Rating</b>	<input type="checkbox"/> Captain (P1) <input type="checkbox"/> Co-Pilot (P2)			
<b>Instrument Rating</b>	<input type="checkbox"/> Captain (P1) <input type="checkbox"/> Co-Pilot (P2)			

**If R.of.Y. Approved Flying Training Organization (FTO) Graduated**

Flying Training Organization (FTO) Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

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												
Simulator												
Training Device												
PCATD												

**PART – 5 - EXAM HISTORY**

Have you passed any CAMA Pilot exams?  Yes     No    (If so, please complete the applicable following items):

Exam Title		Date of Exam Completion (dd/mm/yyyy)
Air Law	<input type="checkbox"/>	
ATPL	<input type="checkbox"/>	
CPL	<input type="checkbox"/>	
PPL	<input type="checkbox"/>	
Instrument Rating	<input type="checkbox"/>	
Instructor Rating	<input type="checkbox"/>	

**PART – 6 - APPLICANT DECLARATION**

Photo with uniform & blue background

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: \_\_\_\_\_



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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)	
<b>Comments of Inspector / Officer assigned to this application:</b>                     			
<b>Name of Inspector / Officer assigned to this application:</b> _____			
Signature: _____		Date: _____	
7-2 PEL MANAGER / D.G. OF PEL & EXAMINATION			
<input type="checkbox"/> Reject		<input type="checkbox"/> Approve	
<b>Name of PEL Manager / D.G. of PEL &amp; Examination:</b> _____			
Signature: _____		Date: _____	