



SECTION:	LICENSING FORMS	LIF-AC-001
TITLE:	APPLICATION FOR PILOT EXAM	

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: _____

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)

Exam Type	S. No.	Required Documents	Submitted (For CAMA Use Only)
Air Law exam – Conversion of foreign CPL / ATPL	1-	Request letter from Applicant, Employer or FTO	<input type="checkbox"/>
	2-	Copy of National ID / Passport (Minimum 18 years of age for a CPL and 21 years for an ATPL)	<input type="checkbox"/>
	3-	Copy of valid foreign Licence & Class I Medical Certificate	<input type="checkbox"/>
	4-	Original Copy of current Flight Check / Skill Test / Proficiency Check (PC) / Instrument Rating	<input type="checkbox"/>
	5-	Copy of Log Book with certified instructional flying hours.	<input type="checkbox"/>
	6-	Meet the experience requirement of the YCARs Part II for the issuance of CPL/ATPL	<input type="checkbox"/>
	6-	Copy of CAMA Class I Medical Certificate (if available)	<input type="checkbox"/>
7-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>	
Exam Type	S. No.	Required Documents	Submitted (For CAMA Use Only)
ATPL exam	1-	Request letter from Applicant, Employer or FTO	<input type="checkbox"/>
	2-	Holder of CPL/IR licence and meet the experience requirements of the YCARs Part II for the issuance of an ATPL	<input type="checkbox"/>
	3-	Copy of national ID card / passport (Must be 21 years of age)	<input type="checkbox"/>
	4-	Copy of CAMA Class I medical certificate	<input type="checkbox"/>
	5-	Copy of Log Book with certified instructional flying hours	<input type="checkbox"/>
	6-	Able to apply for ATPL within 180 days from examination date	<input type="checkbox"/>
	7-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
Exam Type	S. No.	Required Documents	Submitted (For CAMA Use Only)
CPL Exam	1-	Request letter from Applicant, Employer or FTO confirming theoretical knowledge course completion	<input type="checkbox"/>
	2-	Holder of valid PPL	<input type="checkbox"/>
	3-	Copy of national ID card / passport (Must be 18 years of age)	<input type="checkbox"/>
	4-	CPL Certificate	<input type="checkbox"/>
	5-	Copy of CAMA Class I medical certificate	<input type="checkbox"/>
	6-	Copy of Log Book with certified instructional flying hours	<input type="checkbox"/>
	7-	Meet the experience requirement of the YCARs Part II for the issuance of CPL	<input type="checkbox"/>
	8-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>



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PPL Exam	1-	Request letter from Applicant, Employer or FTO confirming theoretical knowledge course completion.	<input type="checkbox"/>
	2-	Copy of national ID card / passport (Must be 18 years of age)	<input type="checkbox"/>
	3-	PPL Certificate	<input type="checkbox"/>
	4-	Copy of Class II medical certificate	<input type="checkbox"/>
	5-	Copy of Log Book with certified instructional flying hours.	<input type="checkbox"/>
	6-	Meet the experience requirement of the YCARs Part II for the issuance of PPL	<input type="checkbox"/>
	7-	Able to apply for PPL within 180 days from examination date	<input type="checkbox"/>
	8-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
Exam Type	S. No.	Required Documents	Submitted (For CAMA Use Only)
Instructor Rating Ground Examination	1-	Request letter from Applicant, Employer or FTO	<input type="checkbox"/>
	2-	Letter from approved Flying Training Organization (FTO) confirming theoretical knowledge course completion.	<input type="checkbox"/>
	3-	Copy of national ID card / passport (Must be 18 years of age)	<input type="checkbox"/>
	4-	Holder of valid CPL or ATPL	<input type="checkbox"/>
	5-	Copy of Class I medical certificate	<input type="checkbox"/>
	6-	Copy of Log Book with certified instructional flying hours.	<input type="checkbox"/>
	7-	Meet the experience requirement of the YCARs Part II for the issuance of Instructor Rating	<input type="checkbox"/>
	8-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
Exam Type	S. No.	Required Documents	Submitted (For CAMA Use Only)
Instrument Examination	1-	Request letter from Applicant, Employer or FTO	<input type="checkbox"/>
	2-	Letter from approved Flying Training Organization (FTO) confirming theoretical knowledge course completion.	<input type="checkbox"/>
	3-	Copy of national ID card / passport (Must be 18 years of age)	<input type="checkbox"/>
	4-	Holder of valid PPL or CPL	<input type="checkbox"/>
	5-	Copy of Class I or II medical certificate	<input type="checkbox"/>
	6-	Copy of Log Book with certified instructional flying hours.	<input type="checkbox"/>
	7-	Meet the experience requirement of the YCARs Part II for the issuance of Instrument Rating	<input type="checkbox"/>
	8-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>

PART 3 – LICENSE AND MEDICAL DETAILS

If you are holder of CAMA License / Medical Certificate, please complete the following items:

License Type: PPL CPL ATPL

Category: Aeroplane Helicopter

Group Ratings: S/E Land M/E Land S/E Sea M/E Sea

Aircraft Type Ratings: IR FI IRI CRI SFI STI TRI MCCI

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



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Do you hold Foreign Pilot license? Yes No (If so, please complete the following item).

Authority: _____ Licence Type: PPL CPL ATPL

Expiry Date: _____ Foreign R/T License No: _____

ELP Level: 4 5 6 Re assess Date: _____

Category: Aeroplane Helicopter

Group Ratings: S/E Land M/E Land S/E Sea M/E Sea

Aircraft Type Ratings: IR FI IRI CRI SFI STI TRI MCCI

Do you hold a Yemeni Medical Certificate? Yes No (If so, please complete the following items):
Number: _____ Class: I II Expiry Date: _____

Do you hold a Foreign Medical Certificate? Yes No (If so, please complete the following items):
Number: _____ Authority: _____ Class: I II Expiry Date: _____

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

PART 4 –APPLICATION DETAILS FOR EXAM

Applied Category: Aeroplane Helicopter

Exam Types:

Air Law Examination

PPL Examination by applicant attending approved course.

CPL Examination by applicant attending approved course.

ATPL Examination

Instrument Rating Examination.

Instructor Rating Ground Examination

Flight Examiner Examination

Other (Specify): _____

PART – 5 - 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 license or rating.

Signature of Applicant (Sign inside the above box) **Date:** _____



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PART – 6 - CAMA ACTION (For CAMA Use Only)			
6-1 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			
Comments of Inspector / Officer assigned to this application: _____ _____ _____			
Name of Inspector / Officer assigned to this application: _____			
Signature: _____		Date: _____	
6-2 EXAMINATIONS MANAGER / D.G. OF PEL & EXAMINATION			
<input type="checkbox"/> Reject		<input type="checkbox"/> Approve	
Name of Examinations Manager / D.G. of PEL & Examination: _____			
Signature: _____		Date: _____	