



SECTION:	LICENSING FORMS	LIF-AC-006
TITLE:	APPLICATION FOR AMENDMENT / REPLACEMENT OF PILOT LICENSE (PII DELETION, LOST, DAMAGED OR CHANGE OF INFORMATION)	

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:	
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 for PII Deletion	Submitted (For CAMA Use Only)
1-	Request letter from applicant, employer or FTO	<input type="checkbox"/>
2-	Copy of current Pilot Licence	<input type="checkbox"/>
3-	Copy of current medical certificate	<input type="checkbox"/>
4-	Original Copy of current (Flight Check / Skill Test / Proficiency Check (PC))	<input type="checkbox"/>
5-	Copy of Log Book with certified flying hours.	<input type="checkbox"/>
6-	Copy of English Language Proficiency (ELP) certificate / result from approved FTO	<input type="checkbox"/>
7-	Colour passport size photo with uniform & blue background.	<input type="checkbox"/>
8-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
9-	Other (Specify if any): _____	

S. No.	Required Documents for Change of Information / Lost / Damaged of Pilot License	Submitted (For CAMA Use Only)
1-	Request letter from the applicant, employer or FTO	<input type="checkbox"/>
2-	Copy of current Pilot Licence	<input type="checkbox"/>
3-	Copy of current medical certificate	<input type="checkbox"/>
4-	Copy of current national ID card and / or passport	<input type="checkbox"/>
5-	Original copy of licence (For damaged license / change of information)	<input type="checkbox"/>
6-	Police report (For lost license)	<input type="checkbox"/>
7-	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): _____	

PART 3 – CHANGE OF INFORMATION
Please list the items to be changed

Item to Be Changed	Old Item (Same as On License)	New Item
<input type="checkbox"/> Name		
<input type="checkbox"/> Date Of Birth (DOB)		
<input type="checkbox"/> Nationality		
<input type="checkbox"/> Employer		



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PART – 4 - LICENSE & MEDICAL DETAILS

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

Has your Medical Certificate 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 – 5 - APPLICATION DETAILS

Application Type: P2 – Deletion Change of Information Lost Damaged

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
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)			

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 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

Forward Request More Information Reject Approve

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:** _____