



<b>SECTION:</b>	<b>LICENSING FORMS</b>	<b>LIF-AC-024</b>
<b>TITLE:</b>	<b>APPLICATION FOR ADDITION / RENEWAL OF ELP FOR PILOT LICENSE</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 (✓) 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 current licence	<input type="checkbox"/>
3-	Copy of current medical certificate	<input type="checkbox"/>
4-	Copy of English Language Proficiency (ELP) Certificate from approved TO	<input type="checkbox"/>
5-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
6-	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**

Addition of English Language Proficiency (ELP)  Renewal of English Language Proficiency (ELP)

Name of Training Organization: \_\_\_\_\_

ELP Certificate Issue Date: \_\_\_\_\_

ELP Level:  4  5  6

ELP Assessment Date: \_\_\_\_\_



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**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 Box]

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

**PART – 6 - CAMA ACTION  
(For CAMA Use Only)**

**6-1 INSPECTOR / OFFICER ASSIGNED TO THIS APPLICATION**

Forward   
  Request More Information   
  Reject   
  Approve

**ENDORSEMENTS**

ELP Level:  4     5     6

Re - Assessment Date: \_\_\_\_\_

**Comments of Inspector / Officer assigned to this application:**

**Name of Inspector / Officer assigned to this application:** \_\_\_\_\_

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**6-2 PEL MANAGER / D.G. OF PEL & EXAMINATION**

Reject                                       Approve

**Name of PEL Manager / D.G. of PEL & Examination:** \_\_\_\_\_

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_