

First Issue **Renewal VAL- .. / ...** **Non-Commercial Operation** **Commercial Operation ***

* I have requested my Licensing Authority to send license verification directly to: licensing@aruba.gov.aw

Crew Member Data:

Last Name: Nationality:
 Given Names: Passport Number:
 Place of Birth: Date of Birth:
 Crew Position: Employing Company:
 A/C Type for which validation is requested:

License Data: Aeroplane Helicopter

License Number: Type of License:
 Issuing Date: Issuing State:
 Expiry Date: English Proficiency Level 4 5 6
 A/C Type Ratings: Instrument Ratings Yes No
 Restrictions/Limitations: Expiry Date Instrument Rating:

Medical Declaration:

Type of Certificate: Class 1 Class 2 **
 Latest Examination Date:
 Expiry Date: Limitations:
 ** Applicable only for flight engineer

Flying Experience:

Total Hours on A/C Type Requested: Total Night Flight Time:
 Total Flight Time as Pilot In Command (PIC) Total Hours as First Officer
 Total PIC on Multi Crew Aircraft *** *** (Captain on MPA + 50% Co Pilot on MPA)
 Total Instrument Time: Grand Total Time:

Currency Data:

Latest License Proficiency Check (LPC) Date: Right Hand Seat Qualified: Yes No
 Name of Examiner: Latest Date Flown:
 Three landings/take-offs on type during last 90 days: Yes No

This Application will not be processed unless completely filled out and accompanied by:

1. Operator Letter for first issue validation request only
2. Copy of Foreign License (must be full and unrestricted), including English Proficiency Level
3. Copy of Radio Licence
4. Copy of Latest License Proficiency Check (LPC) (or initial Skill Test if new type rating). Note: JAA license holders need not send LPC if the LPC date is mentioned in the license
5. Copy of Latest Class 1 Medical Examination Certificate
6. Copy of Latest Class II Medical Examination Certificate (Applicable only for Flight Engineer)
7. Copy of current Passport

DECLARATION

I hereby declare that the above supplied information is truthful and correct. I am aware that I may not exercise privileges other than the privileges authorized by my licence under its conditions and limitations, and which may be further limited by the Department of Civil Aviation of Aruba.

Name:	Date:	Location:	Signature:
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Guidance Material: Validation Application Form – INS-3.009

Please select the box which corresponds to your validation request:

First Issue **Renewal VAL- .. / ...** Enter the applicable validation number assigned.

Please select the box which corresponds to the type of operation:

Non-Commercial Operation

Commercial Operation* **I have requested my Licensing Authority to send license verification**

directly to: licensing@aruba.gov.aw: Applicants engaged in commercial operation can pre-request license verification to their issuing license authority and inform them to send it to licensing@aruba.gov.aw.

Important Note: All dates are required to be entered as follows: **day-month-year**

Crew Member Data: Enter your personal data as follows:

Last Name: Enter your Last Name (Surname).

Given Names: Enter your First and Middle Name.

Place of Birth: Enter the City, Country.

Crew Position: Enter if you will be acting as PIC/Captain or SIC/Co-pilot.

Nationality: Enter your citizenship.

Passport #: Enter the number of the valid passport which you are applying with.

Date of Birth: Enter your date of birth.

Employing Company: Enter the name of the company/operator who employs you.

A/C Type for which validation is requested: Enter the type of the aircraft that you will operate.

License Data: Provide all requested information concerning the license to be validated:

Aeroplane **Helicopter:** Select the type of aircraft.

License Number: Enter the number of your valid license.

Type of License: Enter ATPL, CPL or PPL.

Issuing Date: Enter the issuing date of your valid license.

Issuing State: Enter the ICAO State who issued your license.

Expiry Date: Enter the expiry date of your valid license.

English Proficiency Level **4** **5** **6:** Select your demonstrated proficiency level.

A/C Type ratings: Enter all type ratings endorsed on your valid license relevant to the validation requested.

Instrument Ratings **Yes** **No:** Select Yes or No.

Expiry Date Instrument Rating: Enter the expiry date of your valid instrument rating.

Restrictions/Limitations: Enter any restrictions/limitations listed on your valid license.

Medical Declaration: Provide all requested information concerning your medical certificate:

Type of Certificate **Class 1** **Class 2:** Select the Type of Certificate you hold.

Note: Class 2 - Applicable only for flight engineer.



Guidance Material: Validation Application Form – INS-3.009

Latest Examination Date: Enter the examination date of your most recent medical certificate.

Expiry Date: Enter the expiry date of your most recent medical certificate.

Limitations: Enter any limitations listed on your medical certificate.

Flying Experience: Enter flying experience as follows:

Total Hours on A/C Type Requested: Enter the total time (PIC-SIC-Dual Received, etc.) on the aircraft type for which validation is requested.

Total Night Flight Time: Enter the hours flown during night time accumulated in all aircraft types.

Total Flight Time as Pilot In Command (PIC): Enter the hours flown as Pilot In Command (PIC) accumulated in all aircraft types.

Total Hours as First Officer: Enter the hours flown as First Officer accumulated in all aircraft types.

Total PIC on Multi Crew Aircraft *: Enter the hours flown as Pilot In Command on Multi Crew Aircraft; As a means of compliance follow the formula: **(Captain on MPA + 50% Co Pilot on MPA)**.

Example: If PIC on Multi Crew Aircraft is 1000 hrs. and Co-pilot is 1000 hrs., then your Total PIC on Multi Crew Aircraft will be 1500 hrs.

Total Instrument Time: Enter the hours flown with instrument accumulated in all aircraft types.

Grand Total Time: Enter total time accumulated in all aircraft types.

Currency Data: Enter currency data as follows:

Latest License Proficiency Check (LPC) Date: Enter the date of your most recent license proficiency check (LPC) for currency in the aircraft type for which validation is requested.

Right Hand Seat Qualified: Yes No Select Yes or No.

Name of Examiner: Enter the name of the examiner who performed your most recent proficiency check in the aircraft type for which validation is requested.

Latest Date Flown: Enter the last date flown in the same aircraft type for which validation is requested.

Three landings on type during last 90 days: Yes No Select Yes or No.

Note: A pilot shall not operate an aircraft carrying passengers as pilot-in-command or co-pilot, unless (s)he has carried out three take-offs and three landings in the previous 90 days as pilot flying in an aircraft, or in a flight simulator of the same type for which validation is requested.

Declaration:

Name: Enter your given and last name.	Date: Enter the date of signature.	Location: Enter the current location of signature.	Signature: Signature required.
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