



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:

Licence Data: circle Aeroplane - Helicopter

Licence number: Type of licence:
Issuing date: Issuing State:
Expiry Date: English Proficiency Level (must be 4 or higher):
A/C Type ratings: Instrument Ratings (Y/N):
Restrictions/Limitations: Expiry Date Instrument Rating:

Medical Declaration:

Type of Certificate (Class 1 / Class 2) Latest Examination Date:
Expiry Date:..... Limitations:

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 * Total Instrument Time:.....
Total Time: * (Captain on MPA + 50% Co Pilot on MPA)

Currency Data:

Latest Proficiency Check Date: Name of Examiner:
Latest Date Flown: Three landings on type during last 90 days: Y / N

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

- 1. Copy of foreign Licence(must be full and unrestricted), including English Proficiency Level
2. Copy of Radio Licence
3. Copy of Latest Proficiency Check (or initial Skill Test if new type rating)
4. Copy of Last Medical Examination
5. Copy of Logbook (last three months showing totals)
6. Copy of RVSM training (if applicable)
7. Copy of current Passport
8. Receipt of payment for Renewal

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 of Applicant:

Date:

Location:

Signature of Applicant: