



Crew Member Data:

Last Name: Given Names:
Address: Date of Birth:
Employing Company: Passport No.:
Licence to be renewed: (Aruban /Equivalent/Validation) Number:

Licence Data:

Type of Licence: Licence Number:
Type Ratings: Limitations:
Issued by: Expiry Date:
English Proficiency Level (must be 4 or higher): 4 - 5 - 6

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:

Landings within 90 days >3? (Y/N)
Latest Proficiency Check Date: Name of Examiner: Latest Date Flown:
.....

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

- 1. Copy of Latest Proficiency Check
- 2. Copy of Last Medical Examination
- 3. Copy of Logbook Pages of the last three (3) months flown showing totals
- 4. Copy of current passport
- 5. Copy of RVSM training (if applicable)
- 6. 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.

Date:

Signature of Applicant: _____