

**APPLICATION FOR A CERTIFICATE OF VALIDATION (GROUND CREW)**

**1. PERSONAL PARTICULARS**

Name(Mr/Mrs/Ms):.....  
(Surname) (First) (Middle)

Address and contact details:.....  
.....  
.....  
.....

Date of Birth:.....Nationality:.....

Name, Address and Contact details of Present Employer:.....  
.....  
.....  
.....

**2. LICENCE TYPE**

- a. Type of Licence to be validated:.....Expiry Date:.....
- b. Ratings:.....
- c. Licence Number:..... Issued by:.....

**3. DECLARATION BY APPLICANT**

I am aware that I may not exercise privileges other than those authorised by my licence which may be limited by The Gambia Civil Aviation Authority. I hereby declare that the information given on this form is true in every respect.

Copies of licence(s) should be attached to this form.

**Signature of Applicant:**..... **Date:**.....