

APPLICATION FOR A CERTIFICATE OF VALIDATION (PILOTS)

1. PERSONAL PARTICULARS

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

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

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

Name, Address and Contact details of Present Employer:.....
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.....
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2. LICENCE TYPE

- a. Type of Licence to be validated:.....Expiry Date:.....
- b. Ratings:.....
- c. Date of Last Medical Certificate:..... Class:.....
(Please attach medical certificate)

3. EXPERIENCE

- a. Total Hours as Pilot:.....
- b. Total Hours as Pilot in Command (P1):.....
- c. Total Hours as Co-Pilot:.....
- d. Total Hours as Flight Engineer :.....
- e. Date of last Proficiency Flight Test (PFT/FE):.....

4. 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.

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