



Crew Member Data:

Last Name: Given Names:
 Address: Date of Birth:
 Employing Company: Passport No.:
 E-mail address: Cel / Telf No.:

License Data:

Type of License: PPL CPL ATPL License 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:

3 Landings and 3 take-offs within last 90 days? 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. Latest License Proficiency Check, original document
2. Copy of valid ICAO English Language Proficiency Test Results
3. Copy of Latest Medical Examination
4. Copy of Logbook Pages showing the following:
 - a. For revalidation of type ratings and multi-engine class ratings: route sectors in compliance with AUA-FCL 1.F-07(b) (2)
 - b. For revalidation of single pilot single-engine class rating if no proficiency check was done in accordance with AUA-FCL 1.F-07 (d)(1), flight hours, landings and training flight in compliance with AUA-FCL 1.F-07 (d)(2)
5. Copy of current passport
6. Receipt of payment for Renewal (Aruba Bank acc. # 1.22.44.35)

Please allow 5 working days for the processing of your license

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: