



APPLICATION FOR LICENSE VALIDATION OR CONVERSION BASED ON A FOREIGN LICENSE

INSTRUCTIONS

Print or type. Do not write in shaded areas, these are for RCAA use only. Submit original only to the RCAA Flight Safety Services or a RCAA Authorized Person. If additional space is required, use an attachment

A. APPLICATION IS MADE FOR ISSUANCE OR RENEWAL OF A RWANDA LICENSE BASED ON VALIDATION OR CONVERSION OF A FOREIGN LICENSE:

- | | | |
|--|--|--|
| 1 <input type="checkbox"/> ADDED RATING | 4 <input type="checkbox"/> MEDICAL CERTIFICATE | 7 <input type="checkbox"/> FLIGHT DISPATCHER |
| 2 <input type="checkbox"/> PILOT | 5 <input type="checkbox"/> AIRCRAFT MAINTENANCE ENGINEER | 8 <input type="checkbox"/> OTHER: |
| 3 <input type="checkbox"/> FLIGHT ENGINEER | 6 <input type="checkbox"/> FLIGHT INSTRUCTOR | |

B. AIRMAN PERSONAL INFORMATION:

1. NAME (Last, First, Middle)			2. PERMANENT ADDRESS (Street or PO Box Number)				
3. TELEPHONE AND FAX			4. CITY		STATE/PROVINCE	MAIL CODE	COUNTRY
5. DATE OF BIRTH (MONTH, DAY, YEAR)		6. PLACE OF BIRTH		7. NATIONALITY (CITIZENSHIP)		8. LANGUAGE PROFICIENCY AT LEAST LEVEL 4? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. HEIGHT	10. WEIGHT	11. HAIR	12. EYES	13. SEX	14. E-MAIL ADDRESS		15. For RCAA Use

C. PILOT INFORMATION:

1. LICENSE NUMBER		2. STATE OF ISSUE		3. DATE ISSUED		4. RATING(S) REQUESTED					
5. TOTAL FLIGHT HRS		6. TOTAL PIC HRS		7. TOTAL X-C HRS		8. TOTAL NIGHT HRS		9. INSTRUMENT PIC		10. TOTAL HRS TYPE	
11. RATINGS AND LIMITATIONS TO BE ISSUED								12. ASSIGNED NUMBER AND EXPIRATION DATE			

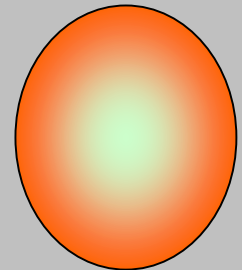
D. OTHER LICENSE INFORMATION:

1. LICENSE NUMBER		2. STATE OF ISSUE		3. DATE ISSUED		4. RATING(S) REQUESTED	
5. RATINGS AND LIMITATIONS TO BE ISSUED						6. ASSIGNED NUMBER AND EXPIRATION DATE	

E. MEDICAL EVALUATION INFORMATION:

1. CLASS OF CERTIFICATE		2. STATE OF ISSUE		3. DATE OF ISSUE		4. MEDICAL EXAMINER	
5. LIMITATIONS OR RESTRICTIONS TO BE ISSUED				6. ASSIGNED NUMBER AND EXPIRATION DATE			

**G. ATTACH APPLICANT PHOTO HERE
(Passport Size)**



F. APPLICANT'S CERTIFICATION— I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any Rwanda license to me.

A person shall not with intent to deceive make any false representation for the purpose of procuring for himself or any other person the grant, issue, renewal or variation of any such license...

1. DATE

2. APPLICANT SIGNATURE:

H. RCAA AUTHORIZED PERSON CERTIFICATION:

<input type="checkbox"/> 1. LANGUAGE PROFICIENCY TEST ADMINISTERED		<input type="checkbox"/> 3. CONFIRMATION CONTACT MADE WITH ISSUING CIVIL AVIATION AUTHORITY					
<input type="checkbox"/> 2. RECOMMEND ISSUANCE OF LICENSE		TELEPHONE: _____ NAME: _____					
		ICAO CONTRACTING STATE: _____					
4. DATE		5. TITLE OR DESIGNATION NUMBER		6. SIGNATURE		7. CASORT ENTRY:	

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Copies of all issued Rwanda license(s) attached | <input type="checkbox"/> Copy of other State's medical evaluation attached | <input type="checkbox"/> Last 12 months experience reviewed (required for Inspection Authorization) | <input type="checkbox"/> Copy of applicable aircraft-specific training or experience attached |
| <input type="checkbox"/> Copy of other State's airman license(s) attached | <input type="checkbox"/> Airman logbook reviewed for experience requirements | <input type="checkbox"/> Copy of aircraft lease reviewed for applicable time period | <input type="checkbox"/> Other relevant experience or training documents attached |