



## APPLICATION FOR PEL LICENSE/RATING [OTHER THAN FLIGHT CREW MEMBERS]

### INSTRUCTIONS

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

<b>A. APPLICATION IS HEREBY MADE FOR</b>			<input type="checkbox"/> <b>ISSUANCE</b>	<input type="checkbox"/> <b>RENEWAL</b>	<input type="checkbox"/> <b>REISSUANCE</b>	<b>OF THE FOLLOWING RWANDA PEL LICENSE:</b>		
1 <input type="checkbox"/> FLIGHT DISPATCHER	4 <input type="checkbox"/> AIRCRAFT MAINTENANCE ENGINEER	7 <input type="checkbox"/> AVIATION REPAIR SPECIALIST						
2 <input type="checkbox"/> CABIN CREW MEMBER	5 <input type="checkbox"/> INSPECTION AUTHORIZATION	8 <input type="checkbox"/> AERONAUTICAL RADIO OPERATOR						
3 <input type="checkbox"/> GROUND INSTRUCTOR	6 <input type="checkbox"/> PARACHUTE RIGGER	9 <input type="checkbox"/> AIR TRAFFIC CONTROLLER						

<b>B. AIRMAN PERSONAL INFORMATION:</b>			
1. NAME (Last, First, Middle)		2. PERMANENT ADDRESS (Street or PO Box Number)	
3. TELEPHONE AND FAX		4. CITY	ISLAND/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. RCAA PEL NUMBER

<b>C. CURRENT PEL LICENSE INFORMATION (if renewing)</b>			
1. LICENSE NUMBER	2. STATE OF ISSUE	3. DATE ISSUED	4. RATING(S)

<b>D. LICENSE OR RATING APPLIED FOR ON BASIS OF:</b>			
1. <input type="checkbox"/> ATO GRADUATION	a. ATO NAME & LOCATION	b. ATO CURRICULUM GRADUATED	c. DATE
2. <input type="checkbox"/> SATISFACTORY PROGRESS	a. ATO NAME	b. CERTIFICATE NUMBER	c. ATO OFFICAL'S SIGNATURE
3. <input type="checkbox"/> AMO RECOMMENDATION	a. AMO NAME	b. CERTIFICATE NUMBER	c. AMO OFFICAL'S SIGNATURE
4. <input type="checkbox"/> MILITARY EXPERIENCE	a. MILITARY BRANCH	b. RANK OR PAY LEVEL	c. MILITARY SPECIALTY
5. <input type="checkbox"/> CIVIL EXPERIENCE	APPLICANTS OTHER THAN APPROVED TRAINING ORGANIZATION GRADUATES, LIST CIVIL & MILITARY EXPERIENCE RELATING TO THE LICENSE AND RATING APPLIED FOR BELOW: (Continue on a separate sheet, if more space is needed)		

<b>E. RECORD OF EXPERIENCE:</b>		<i>AME applicants must also complete and attach Form 542C (AME Knowledge &amp; Skill Summary)</i>	
1. DATES: MONTH & YEAR		2. EMPLOYER & LOCATION	3. TYPE WORK PERFORMED
FROM	TO		

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FROM	TO		

F. PARACHUTE RIGGER (Indicate how by type how many parachutes packed):					
SEAT	LAP	BACK	CHEST	EMERGENCY	WING

G. THE FOLLOWING RATING/SPECIALIZATION/PRIVILEGE/ENDORSEMENT IS INVOLVED:	
1. <input type="checkbox"/> RATING (SPECIFY) →	
2. <input type="checkbox"/> SPECIALIZATION (SPECIFY) →	
3. <input type="checkbox"/> PRIVILEGE (SPECIFY) →	
4. <input type="checkbox"/> ENDORSEMENT (SPECIFY) →	

H. HAVE YOU FAILED A TEST FOR THIS LICENSE OR RATING?	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No

I. 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 PEL license to me.		
<i>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...</i>	1. DATE	2. APPLICANT SIGNATURE:

J. DESIGNATED EXAMINER'S OR AIRMAN CERTIFICATION REPRESENTATIVE REPORT				I. ATTACH APPLICANT PHOTO HERE (Passport Size)
1. <input type="checkbox"/> I have personally reviewed this applicant's experience and/or training records and certify that the individual meets the pertinent requirements of RCAR Part 7 for the license or rating sought. 2. <input type="checkbox"/> I have personally tested this applicant's knowledge and/or language proficiency. 3. <input type="checkbox"/> I have personally conducted the skill/practical test of this applicant in accordance with pertinent procedures and standards with the results indicated below.				
4. <input type="checkbox"/> Approved – License Issued	6. Location of Test		7. Duration	
5. <input type="checkbox"/> Disapproved – Disapproval Notice Issued				
8. License or Rating for Which Tested		9. Date	10. Examiner's Signature (Sign)	
11. License No.	12. Designation No.	13. Designation Expires	14. Examiner's Name (Print Name)	

K. ATTACHMENTS:			
1. <input type="checkbox"/> Language Proficiency Report	6. <input type="checkbox"/> Airman's Identification (ID)		
2. <input type="checkbox"/> Knowledge Test Report	7. _____	11. _____	
	Form of ID	Name	
3. <input type="checkbox"/> Skill/Practical Test Report	8. _____	12. _____	
	Number	Date of Birth	
4. <input type="checkbox"/> Notice of Disapproval	9. _____	13. _____	
	Expiration Date	License Number	
5. <input type="checkbox"/> Superseded PEL License	10. _____	14. _____	
	Telephone Number	E-Mail Address	

L. RCAA AUTHORIZED PERSON CERTIFICATION:			
<input type="checkbox"/> 1. THE LICENSE(S) WAS ISSUED I/A/W PART 7 AND RCAA REQUIREMENTS:		<input type="checkbox"/> 2. THE LICENSE WAS NOT ISSUED	
3. DATE	4. TITLE OR DESIGNATION NUMBER	5. SIGNATURE	6. CASORT-PEL Entry: