



## APPLICATION FOR ORIGINAL AIRMAN LICENSE [FLIGHT CREW MEMBER]

**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 HEREBY MADE FOR**  **ISSUANCE**  **REISSUANCE OF THE FOLLOWING RWANDA AIRMAN LICENSE:**

- |   |   |   |   |
|---|---|---|---|
| 1. <input type="checkbox"/> STUDENT PILOT | 3. <input type="checkbox"/> COMMERCIAL PILOT        | 5. <input type="checkbox"/> FLIGHT ENGINEER   | 7. <input type="checkbox"/> FLIGHT DISPATCHER |
| 2. <input type="checkbox"/> PRIVATE PILOT | 4. <input type="checkbox"/> AIRLINE TRANSPORT PILOT | 6. <input type="checkbox"/> FLIGHT INSTRUCTOR | 8. <input type="checkbox"/> OTHER:            |

**B. LICENSE OR RATING APPLIED FOR ON BASIS OF COMPLETION OF:**

<input type="checkbox"/> 1. KNOWLEDGE & SKILL TEST	<input type="checkbox"/> 2. SKILL TEST ONLY	<input type="checkbox"/> 3. KNOWLEDGE TEST ONLY	<input type="checkbox"/> 4. EXPERIENCE
2. AIRCRAFT TO BE USED (if flight test required)		3. TOTAL TIME IN THIS AIRCRAFT/SIM/FTD hours	4. PILOT-IN-COMMAND hours

**C. THE FOLLOWING CATEGORY AND/OR CLASS IS INVOLVED:**

- |  |   |
|--|---|
| 1. <input type="checkbox"/> AEROPLANE – SINGLE ENGINE LAND | 5. <input type="checkbox"/> GLIDER.....(SPECIFY TOW) →              |
| 2. <input type="checkbox"/> AEROPLANE – MULTIENGINE LAND   | 6. <input type="checkbox"/> ROTORCRAFT.....(SPECIFY CLASS) →        |
| 3. <input type="checkbox"/> AEROPLANE – SINGLE ENGINE SEA  | 7. <input type="checkbox"/> LIGHTER THAN AIR. ....(SPECIFY CLASS) → |
| 4. <input type="checkbox"/> AEROPLANE – MULTIENGINE SEA    | 8. <input type="checkbox"/> POWERED LIFT                            |

**D. THE FOLLOWING RATING IS INVOLVED:**

- |   |   |
|---|---|
| 1. <input type="checkbox"/> INSTRUMENT                    | 3. <input type="checkbox"/> ADDED TYPE RATING.....(SPECIFY) → |
| 2. <input type="checkbox"/> CATEGORY II OR III APPROACHES | 4. <input type="checkbox"/> OTHER RATING.....(SPECIFY) →      |

**E. AIRMAN PERSONAL INFORMATION:**

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 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	

**F. RECORD OF PILOT TIME (Do Not Write In The Shaded Areas):**

	Total	Instruction Received	Solo	Pilot In Command (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Take-Off/Landing	Night PIC	Night Take-Off/Landing PIC	Number Of Flights	Number Of Aero-Tows	Number Of Ground Launches	Number Of Power Launches
Gliders																
Free Balloon																
Airship																
Aeroplane				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Rotorcraft				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Powered Lift				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Simulator																
Training Device																
PCATD																

ATTACH APPLICANT PHOTO HERE (Passport Size)

**G. MEDICAL EVALUATION INFORMATION:**

1. CLASS OF CERTIFICATE	2. STATE OF ISSUE	3. DATE OF ISSUE	4. MEDICAL EXAMINER
-------------------------	-------------------	------------------	---------------------

**H. HAVE YOU FAILED A TEST FOR THIS LICENSE OR RATING?**

1.  Yes    2.  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 RCAA license to me.

<p><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></p>	<p>1. DATE</p>	<p>2. APPLICANT SIGNATURE:</p>
--	----------------	--------------------------------

<b>J. INSTRUCTOR'S RECOMMENDATION</b> I have personally instructed the applicant and consider this person ready to take the test.			
1. Date	2. Instructor's Signature ( <i>Print Name and Sign</i> )	3. License Number	4. License Expires

<b>K. DESIGNATED EXAMINER'S OR AIRMAN CERTIFICATION REPRESENTATIVE REPORT</b>			
1. <input type="checkbox"/> Student Pilot License Issued ( <i>Copy Attached</i> )			
2. <input type="checkbox"/> I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of RCAR Part 7 for the license or rating sought.			
3. <input type="checkbox"/> I have personally tested this applicant's knowledge.			
4. <input type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the results indicated below.			
5. <input type="checkbox"/> Approved – License Issued ( <i>Original Attached</i> )			
6. <input type="checkbox"/> Disapproved – Disapproval Notice Issued ( <i>Original Attached</i> )			
7. Location of Test ( <i>Facility, City, Island/State/Province</i> )		8. Duration of Test	
		(a) Ground	(b) Simulator/FTD
		(c) Flight	
9. License or Rating for Which Tested		10. Type of Aircraft Used	11. Registration No
12. Date	13. Examiner's Signature ( <i>Print Name &amp; Sign</i> )	14. License No.	15. Designation No.
		16. Designation Expires	

<b>L. EVALUATOR'S RECORD</b> ( <i>Use for ATP License and/or Type Ratings</i> ):				
	INSPECTOR	EXAMINER	Signature and License Number	Date
1. Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<b>M. AVIATION SAFETY INSPECTOR OR PEL LICENSING OFFICER REPORT</b> I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and/or necessary requirements with the result indicated below			
1. <input type="checkbox"/> <b>Approved</b> – Temporary License Issued ( <i>Original Attached</i> )		2. <input type="checkbox"/> <b>Disapproved</b> – Disapproved Notice Issued ( <i>Original Attached</i> )	
3. Location of Test ( <i>Facility, City, Island/State/Province</i> )		4. Duration of Test	
		(a) Ground	(b) Simulator/FTD
		(c) Flight	
5. License or Rating for Which Tested		6. Type(s) of Aircraft Used	7. Registration No.(s)
8. <input type="checkbox"/> Student Pilot License Issued	13. <input type="checkbox"/> License or Rating Based	14. <input type="checkbox"/> Flight Instructor	16. <input type="checkbox"/> Ground Instructor
9. <input type="checkbox"/> Examiner's Recommendation	(a) <input type="checkbox"/> Approved Course Graduate	(a) <input type="checkbox"/> Renewal	
(a) <input type="checkbox"/> Accepted (b) <input type="checkbox"/> Rejected	(b) <input type="checkbox"/> Records of Military Competency	(b) <input type="checkbox"/> Reinstatement	
10. <input type="checkbox"/> Reissue or Exchange of Pilot License	(c) <input type="checkbox"/> Other Approved RCAA Qualification Criteria	15. <b>Instructor Renewal Based On</b>	
11. <input type="checkbox"/> Special Medical test conducted		(a) <input type="checkbox"/> Activity	(c) <input type="checkbox"/> Training Course
12. <input type="checkbox"/> Language Proficiency test conducted		(b) <input type="checkbox"/> Test	(d) <input type="checkbox"/> Duties and Responsibilities
17. Training Course Title		18. ATO Certificate No.	19. Graduation Date
20. Date	21. Inspector's Signature ( <i>Print Name &amp; Sign</i> )	22. Control Number	23. CASORT-PEL Entry

<b>N. ATTACHMENTS:</b>		6. <input type="checkbox"/> Airman's Identification (ID) checked----- ID: _____
1. <input type="checkbox"/> Student Pilot License ( <i>copy</i> )	7. _____	11. _____
	Form of ID	Name
2. <input type="checkbox"/> Knowledge Test Report	8. _____	12. _____
	Number	Date of Birth
3. <input type="checkbox"/> Temporary Airman License	9. _____	13. _____
	Expiration Date	License Number
4. <input type="checkbox"/> Notice of Disapproval	10. _____	14. _____
	Telephone Number	E-Mail Address
5. <input type="checkbox"/> Superseded Airman License		