



# APPLICATION FOR ORIGINAL PEL LICENSE [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>REISSUANCE</b>	<b>OF THE FOLLOWING RWANDA PEL LICENSE:</b>		
1 <input type="checkbox"/> FLIGHT DISPATCHER	4 <input type="checkbox"/> AIRCRAFT MAINTENANCE TECHNICIAN	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. THE FOLLOWING RATING IS INVOLVED:</b>	
1 <input type="checkbox"/> POWERPLANT	3 <input type="checkbox"/> SPECIALIZED.....(SPECIFY CLASS) → _____
2 <input type="checkbox"/> AIRFRAME	4 <input type="checkbox"/> RATING.....(SPECIFY) → _____

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

<b>E. LICENSE OR RATING APPLIED FOR ON BASIS OF COMPLETION OF:</b>	1. <input type="checkbox"/> EXPERIENCE	2. <input type="checkbox"/> KNOWLEDGE TEST	3. <input type="checkbox"/> SKILL TEST
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<b>F. HAVE YOU FAILED A TEST FOR THIS LICENSE OR RATING?</b>	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
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<b>G. APPLICANT'S CERTIFICATION—</b> 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:	

<b>H. DESIGNATED EXAMINER'S OR AIRMAN CERTIFICATION REPRESENTATIVE REPORT</b>			
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 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)

<b>I. ATTACH APPLICANT PHOTO HERE (Passport Size)</b>

<b>J. ATTACHMENTS:</b>			
1. <input type="checkbox"/> Language Proficiency Report	6. <input type="checkbox"/> Airmen's Identification (ID)		
2. <input type="checkbox"/> Knowledge Test Report	7. _____	11. _____	
	Form of ID	Name	
3. <input type="checkbox"/> 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 Airmen Certificate	10. _____	14. _____	
	Telephone Number	E-Mail Address	

<b>K. RCAA AUTHORIZED PERSON CERTIFICATION:</b>			
<input type="checkbox"/> 1. THE LICENSE(S) WAS ISSUED I/AW 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: