



1. APPLICANT DETAILS:											
<small>(PRINT INFORMATION IN BLOCK LETTERS. PRINT DATES IN NUMERICAL DIGITS – DD/MM/YYYY)</small>											
NAME IN FULL:	APPLICANT'S FIRST NAME:	APPLICANT'S MIDDLE NAME(S):				APPLICANT'S LAST NAME:					
ADDRESS:						EMPLOYER:					
DATE OF BIRTH:		AGE AT LAST MED. EXAM:			EMAIL ADDRESS:						
TEL. NO. (WORK):		CELL:			HOME:			LICENCE NO.:			
EXPIRY DATE OF CURRENT (OR LAST) MED. CERT:						DATE OF MOST RECENT MED. EXAM:					
2. RECENT EXPERIENCE											
<small>(PRINT INFORMATION IN BLOCK LETTERS. PRINT DATES IN NUMERICAL DIGITS – DD/MM/YYYY)</small>											
DATE OF MOST RECENT FLIGHT:		HOURS FLOWN IN LAST -				I HAVE DONE 3 TAKE-OFFS AND LANDINGS IN THE PAST 90 DAYS -					
		30 DAYS:		12 MONTHS:		NIGHT:	YES	<input type="checkbox"/>	DAY:	YES	<input type="checkbox"/>
		PIC:		PIC:			NO	<input type="checkbox"/>		NO	<input type="checkbox"/>
		SIC:		SIC:							
3. TOTAL HOURS FLOWN TO DATE											
DATE:	DAY			NIGHT			IR	OTHER:			
	P1	P2	P3	P1	P2	P3					
<small>P1 = PIC or PIC under supervision. P2 = Co-Pilot/Second Pilot exercising privileges of his/her licence as a required crew member. P3 = Student Pilot or Pilot undergoing approved training.</small>											
4. RATING VALIDITY											
<small>(PRINT INFORMATION IN BLOCK LETTERS. PRINT DATES IN NUMERICAL DIGITS – DD/MM/YYYY)</small>											
RATINGS	DATE OF LAST FLT. TEST/APC	AIRCRAFT TYPE	CHECK AIRMAN/EXAMINER	VALID UNTIL	REMARKS						
SINGLE-ENGINE LAND/SEA:											
MULTI-ENGINE LAND/SEA:											
INSTRUMENT:											
TYPE:											
(OTHER):											
(OTHER):											
(OTHER):											
5. APPLICANT'S CERTIFICATION											
<small>(PRINT INFORMATION IN BLOCK LETTERS. PRINT DATES IN NUMERICAL DIGITS – DD/MM/YYYY)</small>											
I hereby apply for the renewal of my Class _____ Medical Certificate and I declare that the information provided on this form is true and correct to the best of my knowledge.											
_____			_____			_____					
<small>(APPLICANT'S NAME)</small>			<small>(APPLICANT'S SIGNATURE)</small>			<small>(DATE)</small>					

1. GCAA USE ONLY

_____ please prepare renewal of Medical Certificate for Mr./Ms. _____
 (PPL/CPL/ATPL No.: _____) as follows:

DATE OF MEDICAL:	AGE OF PILOT:	VALID FROM:	CLASS 1 VALID TO:	CLASS 2 VALID TO:
LIMITATIONS:		FRTOL VALIDITY:		INSTRUCTOR'S RATING EXPIRES:
YES <input type="checkbox"/> No <input type="checkbox"/> . IF YES STATE:		FROM: _____	_____	_____
		TO: _____	_____	_____
_____ (PEL OFFICER'S NAME)		_____ (PEL OFFICER'S SIGNATURE)		_____ (DATE)

CERTIFICATE PREPARED BY:	RECORD OF PAYMENT:	RECORDS UPDATED:
_____ (NAME) _____ (SIGNATURE) _____ (DATE)	AMOUNT PAID: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	RECEIPT NUMBER: _____	
	DATE: _____	

_____ please see Medical Certificate for _____ meant for your approval/signature.	MEDICAL CERTIFICATE SIGNED BY:		
	_____ (NAME)	_____ (SIGNATURE)	_____ (DATE)

RENEWAL PROCEDURE/INFORMATION:

- In order to assist the Authority in the expeditious renewal of your Licence/Medical Certificate you are required, where possible, to conform to the following:
 - Arrangements should be made to complete the necessary medical examination as soon as possible within the 45 days period before your medical Assessment/Certificate expires. If completed within that time the new validity period will commence on the day after the current Medical Assessment expires.
 - Complete and return this form to the Personnel Licensing Office, **Guyana Civil Aviation Authority, 73 High Street, Kingston, Georgetown**, along with the following:
 - Your personal flying logbook entered and totaled to date, and its entries certified by the relevant authorities (where applicable) e.g. Chief Flight Instructor, Director of (Flight) Operations, Chief Pilot, etc.
 - The applicable fee. **(\$5,000 for PPL, \$4,000 for CPL and \$5,000 for ATPL).**
- The Regulations governing Recency and Competency of Pilots are established in **Part 8** and associated Implementation Standards of the **Guyana Aviation Requirements**.
- The Regulations governing Medical Standards and renewal of pilot ratings are established in **Part 2** and associated Implementation Standards of the **Guyana Aviation Requirements**.
- Record of Flight Tests and Proficiency Checks are made on the "Certificate of Test, Rating Validity, Proficiency and Competency Record".
- Information required on this form are for information purposes only and will not affect renewal of the applicant's Medical Certificate.