



# APPLICATION FOR RENEWAL OF PILOT'S MEDICAL CERTIFICATE

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: _____	_____ _____	INSTRUMENT RATING – DATE OF TEST: _____ _____
_____ (PEL OFFICER'S NAME)		_____ (PEL OFFICER'S SIGNATURE)		_____ (DATE)

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