



LICENSING AND TECHNICAL RECORDS
PILOT LICENCE AND/OR RATING APPLICATION

TYPE OR PRINT ALL ENTRIES IN INK. ✓ TICK APPROPRIATE BOXES

I APPLICATION INFORMATION <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Instrument <input type="checkbox"/> Remote <input type="checkbox"/> Additional Rating <input type="checkbox"/> Aeroplane Single-Engine <input type="checkbox"/> Aeroplane Multiengine <input type="checkbox"/> Rotorcraft <input type="checkbox"/> Balloon <input type="checkbox"/> Airship <input type="checkbox"/> Glider <input type="checkbox"/> Powered-Lift <input type="checkbox"/> Flight Instructor ___ Initial ___ Renewal ___ Reinstatement <input type="checkbox"/> Additional Instructor Rating <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Aircraft Type <input type="checkbox"/> Medical Flight Test <input type="checkbox"/> Re-examination <input type="checkbox"/> Re-issuance of _____ licence <input type="checkbox"/> Other _____																							
A. Name (Last, First, Middle)				B. Nat. ID # or Passport #				C. D.O.B. (D M Y)			D. Place of Birth												
E. Address				F. Citizenship <input type="checkbox"/> GUYANA Specify _____ <input type="checkbox"/> Other _____				G. Height (cm)			I. Hair(color)		K. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female										
H. Weight(kg)				J. Eyes(color)				L. Do you read, speak, write and understand the English Language? <input type="checkbox"/> Yes <input type="checkbox"/> No			M. State evaluated level of your last demonstration of proficiency in the English Language. Level _____ Date _____			N. Have you ever held a Guyana Pilot Licence? <input type="checkbox"/> Yes <input type="checkbox"/> No		O. Licence # P. Date issued _____		Q. Do you hold a valid Medical Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No		R. Class of Medical Assessment. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		S. Date of Examination.	
T. Do you use or intend to use any narcotic drugs, marijuana, or depressant or stimulant drugs or psychoactive substances? <input type="checkbox"/> Yes <input type="checkbox"/> No				U. Have you ever been convicted for violation of any statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or psychoactive substances? <input type="checkbox"/> Yes <input type="checkbox"/> No				V. Date of final conviction (if applicable)															
II LICENCE AND/OR RATING APPLIED FOR ON BASIS OF																							
<input type="checkbox"/> A. Completion of Required Test		1. Aircraft to be used (if flight test required)				2. Total time in this aircraft / SIM / FTD _____ hours				3. PIC time _____ hours													
<input type="checkbox"/> B. Graduate of Approved Course		1. Name and location of training center or school				2. Curriculum from which graduated				3. Date													
<input type="checkbox"/> C. Holder of Foreign Licence issued by		1. Country		2. Grade of licence		3. Licence #		4. Ratings															
<input type="checkbox"/> D. Completion of AOC Holder's Approved Training Program		1. Name of Air Carrier				2. Date		3. Which curriculum <input type="checkbox"/> Initial <input type="checkbox"/> Upgrade <input type="checkbox"/> Transition															
III RECORD OF PILOT TIME (Do not write in shaded area)																							
	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 powered launches							
Aeroplanes				PIC SIC			PIC SIC				PIC SIC	PIC SIC											
Rotorcraft				PIC SIC			PIC SIC				PIC SIC	PIC SIC											
Powered Lift				PIC SIC			PIC SIC				PIC SIC	PIC SIC											
Gliders																							
Lighter Than air																							
Simulator																							
Training Device																							
IV HAVE YOU FAILED A TEST FOR THIS LICENCE OR RATING <input type="checkbox"/> Yes <input type="checkbox"/> No																							
V 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 Guyana Licence to me.																							
Signature of applicant														Date									

This application along with proof of payment of fees and other required documents must be submitted to the Personnel Licensing Office, Guyana Civil Aviation Authority, 73 High Street, Kingston, Georgetown. Guyana. Tel #: 592 227 1219. Fax #: 592 225 6800. e-mail: pel@gcaa-gy.org



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Instructor's Recommendation			
I have personally instructed the applicant and consider this person ready to take the test.			
Date	Instructor's Signature (Print Name and Sign)	Instructor's Lic No.	Instructor Rating expires
Aviation Training Organisation			
The applicant has successfully completed our _____ approved course, and is recommended for _____ test.			
Date	ATO name	Signature	

1. Check Airman/Examiner Report			
<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 for Personnel Licensing for the licence, rating, authorization or certificate sought.			
<input type="checkbox"/> I have personally tested/checked this applicant in accordance with pertinent procedures and requirements with the results indicated below.			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved – Notice of Disapproval <input type="checkbox"/> issued (copy attached) <input type="checkbox"/> to be issued			
The applicant has demonstrated the ability to speak and understand the English language as indicated below.			
<input type="checkbox"/> Satisfactory (Level 4/5/6) <input type="checkbox"/> Unsatisfactory (below Level 4)			
<input type="checkbox"/> Renewal of rating: the applicant meets the pertinent Requirements for Personnel Licensing for renewal of the licence, rating, authorization or certificate sought.			
<input type="checkbox"/> Renewal of authorization: the applicant meets the pertinent Requirements for Personnel Licensing for renewal of the CAT II/III authorization.			
Location of test (Facility, City)	Duration of test	Ground: Sim/FTD: Flight:	
Licence, rating or authorization for which tested	Type(s) of aircraft used	Registration No.(s)	
Date	Examiner's signature (Print Name & Sign)	Authorization No.	Authorization expires

2. GCAA Inspector Report			
I have personally tested/checked this applicant in accordance with pertinent procedures and requirements with the result indicated below.			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved – Notice of Disapproval issued (Copy Attached)			
The applicant has demonstrated the ability to speak and understand the English language as indicated below.			
<input type="checkbox"/> Satisfactory (Level 4/5/6) <input type="checkbox"/> Unsatisfactory (below Level 4)			
Location of test (Facility, City)	Duration of test	Ground: Sim/FTD: Flight:	
Licence, rating or authorization for which tested:	Type(s) of aircraft used:	Registration No(s).	
Inspector's signature (Print Name & Sign):	Date:	<input type="checkbox"/> Renewal of rating	



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<p>Attachments</p> <p><input type="checkbox"/> Student pilot authorization (copy)</p> <p><input type="checkbox"/> Skill Test/Proficiency Check Report</p> <p><input type="checkbox"/> Notice of Disapproval</p> <p><input type="checkbox"/> Letter of Discontinuance</p> <p><input type="checkbox"/> Graduation Certificate (copy)</p> <p><input type="checkbox"/> Identification document (copy)</p> <p><input type="checkbox"/> Endorsement from instructor (if relevant block has not been completed)</p> <p><input type="checkbox"/> Verification of authenticity of foreign licence</p> <p><input type="checkbox"/> (Other)</p>	<p>Flight crew identification</p> <p>Form of ID :</p> <p>Number :</p> <p>Expiration date :</p> <p>ID Name :</p> <p>Date of Birth :</p> <p>Licence number :</p> <p>Telephone Number :</p> <p>Email address :</p>
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3. PEL Office Report		
<p><input type="checkbox"/> Student Pilot Authorization issued</p> <p><input type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected</p> <p><input type="checkbox"/> Issue of flight crew licence</p> <p><input type="checkbox"/> Renewal of flight crew licence</p> <p><input type="checkbox"/> Re-issue of flight crew licence</p> <p><input type="checkbox"/> Issue of rating</p> <p><input type="checkbox"/> Renewal of rating</p> <p><input type="checkbox"/> Re-issue of rating</p> <p><input type="checkbox"/> Issue of authorization</p> <p><input type="checkbox"/> Renewal of authorization</p> <p><input type="checkbox"/> Re-issue of authorization</p> <p><input type="checkbox"/> Issue of Validation Certificate</p>	<p><input type="checkbox"/> Licence based on</p> <p><input type="checkbox"/> Knowledge test</p> <p><input type="checkbox"/> Integrated course</p> <p><input type="checkbox"/> Skill test</p> <p><input type="checkbox"/> Foreign licence</p>	
Training course name:	Graduation Certificate No.	Date of Issue of Certificate/Flight Test :
Date:	PEL Staff signature (Print name & sign)	

<p>FOR OFFICIAL USE</p>



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INSTRUCTIONS FOR COMPLETION OF FORM

I. Application Information Tick appropriate box(es).

Block A. Name

Enter legal name. Do not change the name on subsequent applications unless it is officially indicated to the Authority that the name is changed with a copy of the marriage licence, court order, or other document verifying the name change. The name on the certificate should be the same as the name on the application.

Block B. National ID No. Enter National Identification Number or Passport Number (indicate passport by putting p/p before number).

Block C. Date of Birth. Check for accuracy. Enter date of birth. (see note below)

Block D. Place of Birth. Enter the city and country where you were born.

Block E. Address. Enter residence number and street or P.O.Box in top part of the box. The City, country and ZIP code go in the bottom part of the block. Check for accuracy. Make sure the numbers are not transposed. Use your permanent mailing address.

Block F. Citizenship. Indicate your citizenship from your passport. If you have more than one nationality, indicate that.

Block G Height. Enter your height in centimetres.

Block H. Weight. Enter your weight in kilograms. No fractions, use whole kilograms only.

Block I. Hair. Spell out the colour of your hair. If bald, enter "bald". Colour should be listed as black, red, brown, blond or grey. If you wear wig or toupee, enter the colour of your hair under the wig or toupee.

Block J. Eyes. Spell out the colour of your eyes. The colour should be listed as blue, brown, black, hazel, green or grey.

Block K. Tick male or female.

Block L. Tick yes or no.

Block M. State the evaluated level and date of your last demonstration of proficiency in the English language.

Block N. Do you hold, or have you ever held a Guyana pilot licence. Tick yes or no.

Block O. Licence Number. Enter the grade and number as it appears on your pilot licence, if you ticked "yes" at Block N above (eg. PPL, xxxx; CPL, xxxx; ATPL, xxxx)

Block P. Date Issued. Enter the date of issue of licence at Block O above. (see note below)

Block Q. Tick yes or no.

Block R. State Class of medical assessment/certificate. Tick relevant box.

Block S. Date of examination. Enter the date of your medical examination. (see note below)

Block T. Tick yes or no.

Block U. Tick yes or no.

Block V. Enter date of final conviction if applicable. (see note below)

II. Licence, instrument rating or validation certificate applied for on basis of:

Block A. Completion of required test.

- 1. AIRCRAFT TO BE USED.** (If flight test is required.) – enter make and model of each aircraft to be used.
- 2. TOTAL TIME IN THIS AIRCRAFT(Hrs).** Enter the total Flight Time in each make and model
- 3. PIC TIME.** Enter total pilot in command flight time in each make and model

Block B. Graduate of approved course

- 1. Name and location of ATO** (Aviation Training Organisation). As shown on the graduation certificate.
- 2. Curriculum from which graduated.** As shown on the graduation certificate.
- 3. Date.** Date of graduation from indicated course. (see note below)

Block C. Holder of a foreign licence.

- 1. Country.** Country which issued the licence
- 2. Grade of licence.** Grade of licence issued, i.e. private, commercial, etc.
- 3. Number.** Number which appears on the licence.
- 4. Ratings.** All ratings that appear on the licence.

Block D. Completion of AOC Holder Approved Training Program.

1. Name of AOC Holder
2. Date program was completed
3. Identify training curriculum

III. Record Of Pilot Time. All pilot time should be entered. Night flying must be entered when required. Ignore shaded blocks. Enter Second-in-command (SIC) time in appropriate blocks. Flight Simulator and Flight Training Device time may be entered in the boxes provided. Total flight time, Instruction received, and Instrument Time should be entered in the boxes provided as appropriate.

IV. HAVE YOU FAILED A TEST FOR THIS LICENCE OR RATING ? Tick appropriate box.

V. APPLICANT'S CERTIFICATION

SIGNATURE. The way you normally sign your name.

DATE. The date you sign the application

NOTE: When entering any date, write the day, the first three letters of the month, then the year, e.g. 01 Jan 2017.