



GUYANA CIVIL AVIATION AUTHORITY
AVIATION SAFETY AND SECURITY DIRECTORATE
LICENSING AND TECHNICAL RECORDS
APPLICATION FOR RENEWAL OF PILOT'S MEDICAL CERTIFICATE

FORM No. GCAA/PEL/2306

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:
_____ (NAME) (SIGNATURE) (DATE)	AMOUNT PAID: _____ RECEIPT NUMBER: _____ DATE: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

1. 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:
 - (i) 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.
 - (ii) Complete and return this form to the Personnel Licensing Office, **Guyana Civil Aviation Authority, 73 High Street, Kingston, Georgetown**, along with the following:
 - (a) 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.
 - (b) The applicable fee. **(\$5,000 for PPL, \$4,000 for CPL and \$5,000 for ATPL).**
2. The Regulations governing Recency of experience, Competency of Pilots, medical standards and renewal of pilot ratings are established in the Regulations and Requirements for Personnel Licensing and the Regulations and Requirements for Operations.
3. Record of Flight Tests and Proficiency Checks are made on the "Certificate of Test, Rating Validity, Proficiency and Competency Record".
4. Information required on this form are for information purposes only and will not affect renewal of the applicant's Medical Certificate.