

FLIGHT CREW PERMIT / LICENCE – APPLICATION FOR ENDORSEMENT OF A RATING

- Submit in duplicate to an authorized person or to the Regional Manager, General Aviation.
- Parts **A**, **B** and **C** must be completed prior to submission.
- This application must be accompanied by the **fee, examination results, flight test report, pilot training record, certified log-book, letter of recommendation as applicable.**

File Number 5802 – Licence Number
Date of Birth (yyyy-mm-dd)
Medical Category
Last Medical (yyyy-mm-dd)

A PERMIT / LICENCE MUST BE MEDICALLY VALID TO BE ENDORSED WITH A RATING

PART A		Aircraft Category <input type="checkbox"/> Aeroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Other Rating(s) Applied For <input type="checkbox"/> Night <input type="checkbox"/> Land <input type="checkbox"/> Sea <input type="checkbox"/> Multi <input type="checkbox"/> Type	Rating(s) Applied For (Continued) <input type="checkbox"/> Instrument <input type="checkbox"/> Second Officer <input type="checkbox"/> Instructor <input type="checkbox"/> Glider Instructor <input type="checkbox"/> Aerobatic Instructor <input type="checkbox"/> Balloon Instructor <input type="checkbox"/> Ultra Light Instructor <input type="checkbox"/> Airship Instructor <input type="checkbox"/> Gyroplane Instructor
Full Given Name 050	Surname		
Mailing Address 060	Telephone		
City / Town 070	Province 100		
Declaration I hereby declare that I have completed the training and flight time prescribed in the Canadian Aviation Regulations, and that Part B below contains a true summary of experience relative to this application.			
Date (yyyy-mm-dd)		Signature of Applicant	

PART B - FILL IN ONLY THE BLOCK(S) FOR THE RATING(S) APPLIED FOR

NIGHT Total Dual Dual Cross Country Solo No. of Solo Takeoffs and Landings Flight Ground							LAND / SEA Total Dual Solo No. of Solo or Pic Takeoffs/Landings				MULTI-ENGINE Total Dual Pilot in Command If Centre Thrust Only Check Here			
TYPE RATING Type Desig. Total Pilot in Command FE / SO Simulator Flight Time Date (yyyy-mm-dd)							INSTRUMENT RATING Pilot in Command Instrument Time Flight Time Ground Time							
SECOND OFFICER Type Desig. Date of Course (yyyy-mm-dd)		INSTRUCTOR RATING: CLASS Pilot in Command Instrument Flight Time Ground Time Dual Pilot in Command Cross Country Instrument Instructing Techniques Ground School						GLIDER INSTRUCTOR Flight Time No. of Flights Total Two Seat						
AEROBATIC INSTRUCTOR Dual Solo Ground School			BALLOON INSTRUCTOR Total Training, Last 12 Months No. of 30 minute flights Free Tthr'd Total Dual Free Tthr'd Solo Free Tthr'd						AIRSHIP TYPE RATING Type Desig. Flight Time No. of Ascents Solo Ascents		VFR OVER THE TOP RATING Instrument Dual Ground		ULTRA LIGHT INSTRUCTOR RATING Flight Time in Previous 24 Months Flight Training Dual Solo	
Training was done in aircraft registration marks:							Flight Simulator Location and Type:							
Letter of Competence or Recommendation is attached for: <input type="checkbox"/> Second Officer <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Glider Instructor <input type="checkbox"/> Balloon Instructor <input type="checkbox"/> Type (Foreign Training, Airship)							If exemption is being sought for any requirement state the Canadian Aviation Regulations reference: (Proof of eligibility for exemption is required)							

PART C - RECOMMENDATION (To be completed by the person who evaluated the applicant's competency or who is recommending the applicant for a flight test.)

Strike out the non-applicable statement:

I have assessed the applicant's skill and consider he/she is competent to hold _____ rating(s); **OR** This applicant is recommended for a flight test.

Date (yyyy-mm-dd) _____
Print Name Signature Licence No. Organization

PART D - CERTIFICATION OF LICENCE PRIVILEGES BY AUTHORIZED PERSON

Permit / Licence Number _____ was certified for the addition of _____ rating on _____

Date (yyyy-mm-dd) _____
Print Name Signature of Authorized Person Licence No. Organization Appointment Expiry Date (yyyy-mm-dd)

PART E - FOR DEPARTMENTAL USE ONLY

Written Examination Code 480	Date (yyyy-mm-dd)	Results 540	Flight Test Code 480	Date (yyyy-mm-dd)	Results 540	Fee Paid \$ 450	Receipt No.
Checked and recommend endorsement of _____ Official rating title							
Date (yyyy-mm-dd) _____ For Regional Manager, General Aviation 020 Region							
Coding							
Coded By		Date entered for print (yyyy-mm-dd)		Signature			