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|  | Ձև 4Appendix 4 |
| **APPLICATION FOR ISSUE, REVALIDATION AND/OR RENEWAL OF CLASS OR TYPE RATINGS AND IR (A/H)**issued under the Air Crew Regulation | ՀՀ զինանշան**Civil Aviation Committee** |

Airport “Zvartnots”, Yerevan 0042, Phone: +37410 280722 |web: [www.aviation.am](http://www.aviation.am) |e-mail: gdca@gdca.am

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| ***Personal Details*** |  |
| Title:..……………… Name/Surname of the Applicant:.................................................................................................................... Date of Birth (dd/mm/yyyy): .................................................... Nationality: ...............................................................................Place of Birth: .............................................................................. Country of Birth:.....................................................................Address and Postcode:..................................................................................................................................................................................Email: ..........................................................................................................................................*.......................................................*........Telephone Number: ...............................................................................................................................................................*...*.......*...*.. |
| ***Medical Fitness*** |  |
| Class of Medical Certificate held | Date of last Medical | Date of Expiry |
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| Note: Your Medical Certificate must be valid on the licence issue date. If your Medical Certificate is due to expire within 14 days after the date of application for licence issue, please complete the followingMy medical examination will take place at on A licence will not be issued to any person unless their medical records supporting their Part-MED medical certificate are held by an Aeromedical Centre located in the Republic of Armenia. |
| ***Particulars of Licences Held (Armenian or Non-Armenian)*** |  |
| Issuing Authority | Type/Class of licence | Licence Number | Expiry Date |
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| ***Ratings Held*** |  |
| This section is to be completed unless you provide a clear, certified photocopy of your Certificate of Revalidation. Please give the date of the most recent Skill Test, Proficiency Check, or Revalidation by Experience for each type and/or class rating, and any Instructor certificate to be endorsed on your Part-FCL Licence. |
| Rating held | Date of Test | Date of IR Test (if applicable) | Expiry Date of Rating | Examiner's Licence Number and Name | CAC use only |
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| ***Application (tick as appropriate)*** |  |  |  |  |
| **I am applying for:** Initial Issue Revalidation Renewal  |
| Aeroplane Class Rating (including variants):  |
| Aeroplane Type Rating (including variants): Instrument rating (IR) :  |
|  ***Declaration***  |  |  |  |
| *Under full civil and criminal liability, I declare:* |
| *I declare that the information provided on this form is true to the best of my knowledge and belief.* *I declare that I have never held any licence, rating certificate, or authorization issued in another ICAO Contracted State that was revoked or suspended.* |
|  *Applicant’s signature:*  *Place and date:*   |

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|  ***With the application form, the applicant must submit:*** | ***For Official******Use only***  |
| 1. *Covering Letter from the company (if applicable)*
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| 1. *Application Form: duly filled & signed*
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| 1. *Copy of current licence*
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| 1. *Copy of Skill test/LPC form duly completed*
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| 1. *Copy of medical certificate*
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| 1. *Copy of pilot's flight logbook (1st and the last three pages)*
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| 1. *Copy of Type rating/ Class rating /IR certificate from the ATO and ATO Certificate for foreign*
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| 1. *Prescribed Fee*
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| 1. *Copy of ID card or copy of passport*
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| 1. *Other documents on CAC request*
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| Applicant shall submit, except for CAC approved examiners:* Copy of Examiner`s certificate;
* Copy of Examiner`s pilot licence;
* Copy of the Examiner`s medical certificate;
* Copy of FSTD qualification certificate, if applicable.
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| ***For Official Use Only***  |
|  Date of Receipt: |
|  Enclosures Checked by:  |
|  Application: Accepted: Rejected:  |
|  Remarks: |
|  Signature of the head of the PEL division or the Inspector  |  Date: |

**Send the complete form to:**

Civil Aviation Committee of the Republic of Armenia

Airport “Zvartnots”, Yerevan 0042

Email: gdca@gdca.am

**It is important to send all the documents to avoid a delay in the issue of the licence.**

**Fee:** The applicable fee in the Law State Duty of RA has to be submitted with the application.

**Treasury Account Number** of the Ministry of Finance of the Republic of Armenia: 900005003448.

Please mention the service name when making payment.