



SECTION:	LICENSING FORMS	LIF-AC-003
TITLE:	APPLICATION FOR INITIAL ISSUE / CONVERSION OF PILOT LICENCE	

INSTRUCTION:
Please complete this form, either electronically / type written or, write in Block Capitals using black or dark blue ink. Fill in the full name as it is shown in the passport. Put a tick (✓) in the box for the appropriate option to choose. Failure to sign the form or to fill out the boxes and sections with correct information may result in delay or rejection of your application

PART – 1 - APPLICANT DETAILS

Name: _____ Gender: Male Female

Date of birth: _____ Age: _____

CAMA Licence No. (if any): _____ ID Card/Passport No.: _____

Nationality: _____ Name of Employer (if any): _____

Address: _____ Mobile Number (s): _____

Email Address: _____

PART – 2 - DOCUMENTS CHECKLIST / ATTACHEMENTS
(Please enclose the following documents in support of this application)

S. No.	Required Documents	Submitted (For CAMA Use Only)
1-	Request letter from applicant, employer or FTO	<input type="checkbox"/>
2-	Copy of Pilot course completion certificates from approved FTO	<input type="checkbox"/>
3-	Copy of current CAMA medical certificate	<input type="checkbox"/>
4-	Copy of national ID card / passport (Minimum 17 years of age for a PPL, 18 years for a CPL and 21 years for an ATPL)	<input type="checkbox"/>
5-	Copy of CAMA examination results	<input type="checkbox"/>
6-	Original copy of current Flight Check / Skill Test / Proficiency Check (PC)	<input type="checkbox"/>
7-	Copy of Log Book with certified instructional flying hours.	<input type="checkbox"/>
8-	Copy of foreign licence and medical certificate (If holder of CAMA Temporary validation, not required to submit the original foreign licence and medical.)	<input type="checkbox"/>
9-	Original copy of verification / authentication letter from the contracting state.	<input type="checkbox"/>
10-	Copy of English Language Proficiency (ELP) certificate / result from approved TO	<input type="checkbox"/>
11-	Colour passport size photo with uniform & blue background.	<input type="checkbox"/>
12-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
13-	Other (Specify if any): _____	

PART – 3 - LICENSE & MEDICAL DETAILS

Do you hold a Yemeni Medical Certificate? Yes No (If so, please complete the following items):
 Number: _____ Class: I II Expiry Date: _____

Do you hold a Foreign Medical Certificate? Yes No (If so, please complete the following items):
 Number: _____ Authority: _____ Class: I II Expiry Date: _____

Do you hold a Foreign Pilot Licence? Yes No (If so, please complete the following items):
 Number: _____ Authority: _____ Licence Type: _____

Do you hold or ever held a Yemeni Pilot Licence? Yes No (If so, please complete the following items):
 Licence Number: _____ Licence Type: _____

Has any license (Yemeni or Foreign) ever been suspended or revoked? Yes No
 (If so, please submit details in separate sheet)

Has your Medical Certificate (Yemeni or Foreign) ever been refused, downgraded, issued with a waiver, or issued with a limitation (except for use and carriage of glasses)? Yes No (If so, please submit details in separate sheet)



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PART – 4 - APPLICATION DETAILS

Requested Privileges

License Type: PPL CPL ATPL

Category: Aeroplane Helicopter **Group Ratings:** S / E Land M / E Land

Ratings: IR FI IRI CRI SFI STI TRI MCCI

English Language Proficiency (ELP) Level 4 5 6 **Assessment Date:** _____

Requested Type Ratings

Rating	Position	Date of Flight Check / Skill Test / PC	A / C Type	Examiner Name
Class Rating	<input type="checkbox"/> Captain (P1) <input type="checkbox"/> Co-Pilot (P2)			
Type Rating	<input type="checkbox"/> Captain (P1) <input type="checkbox"/> Co-Pilot (P2)			
Instrument Rating	<input type="checkbox"/> Captain (P1) <input type="checkbox"/> Co-Pilot (P2)			

If R.of.Y. Approved Flying Training Organization (FTO) Graduated

Flying Training Organization (FTO) Name: _____ **Graduation Date:** _____

Logbook Hours	Total	PIC	SIC	Solo	Solo X-Country	Total X-Country	Instrument	Simulated Instrument	PIC Night	Total Night	Flight Instruction	IFR Time
Aeroplane												
Helicopter												
Simulator												
Training Device												
PCATD												

PART – 5 - EXAM HISTORY

Have you passed any CAMA Pilot exams? Yes No **If so, please :**

Exam Title		Date of Exam Completion (dd/mm/yyyy)
Air Law	<input type="checkbox"/>	
ATPL	<input type="checkbox"/>	
CPL	<input type="checkbox"/>	
PPL	<input type="checkbox"/>	
Instructor Rating Ground Exam	<input type="checkbox"/>	
Instrument	<input type="checkbox"/>	

PART – 6 - APPLICANT DECLARATION

Photo with uniform & blue background

I hereby declare and certify that I have read and understood all the questions and notes set forth in this application and the answers I have furnished on all pages of this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the refusal of this application or the revocation/suspension of the licence or rating.

Signature of Applicant (Sign inside the above box)

Date: _____



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PART – 7 - CAMA ACTION (For CAMA Use Only)			
7-1 INSPECTOR / OFFICER ASSIGNED TO THIS APPLICATION			
1- Age:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	4- Experience:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
2- Knowledge:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	5- Medical:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
3- Skill:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	6- Others:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
<input type="checkbox"/> Forward		<input type="checkbox"/> Request More Information	<input type="checkbox"/> Reject <input type="checkbox"/> Approve
ENDORSEMENTS			
S. No.	Rating	Position	A / C Type Rating
1-	Class Rating	<input type="checkbox"/> Captain (P1) <input type="checkbox"/> Co-Pilot (P2)	
2-	Type Rating	<input type="checkbox"/> Captain (P1) <input type="checkbox"/> Co-Pilot (P2)	
3-	Instrument Rating	<input type="checkbox"/> Captain (P1) <input type="checkbox"/> Co-Pilot (P2)	
<p align="center">Comments of Inspector / Officer assigned to this application:</p>			
Name of Inspector / Officer assigned to this application: _____			
Signature: _____		Date: _____	
7-2 PEL MANAGER / D.G. OF PEL & EXAMINATION			
<input type="checkbox"/> Reject		<input type="checkbox"/> Approve	
Name of PEL Manager / D.G. of PEL & Examination: _____			
Signature: _____		Date: _____	