



SECTION:	LICENSING FORMS	LIF-AC-024
TITLE:	APPLICATION FOR ADDITION / RENEWAL OF ELP FOR PILOT LICENSE	

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: _____

Licence No.: _____ ID Card/Passport No.: _____

Nationality: _____ Name of Employer: _____

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 current licence	<input type="checkbox"/>
3-	Copy of current medical certificate	<input type="checkbox"/>
4-	Copy of English Language Proficiency (ELP) Certificate from approved TO	<input type="checkbox"/>
5-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
6-	Other (Specify if any): _____	

PART – 3 - LICENSE & MEDICAL DETAILS

Medical Certificate No: _____ Class: I II Expiry Date: _____

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)

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

PART – 4 - APPLICATION DETAILS

Addition of English Language Proficiency (ELP) Renewal of English Language Proficiency (ELP)

Name of Training Organization: _____

ELP Certificate Issue Date: _____

ELP Level: 4 5 6

ELP Assessment Date: _____



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PART – 5 - 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 license or rating.

[Signature Box]

Signature of Applicant (Sign inside the above box) **Date:** _____

**PART – 6 - CAMA ACTION
(For CAMA Use Only)**

6-1 INSPECTOR / OFFICER ASSIGNED TO THIS APPLICATION

Forward
 Request More Information
 Reject
 Approve

ENDORSEMENTS

ELP Level: 4 5 6 ELP

Re -Assess Date: _____

Comments of Inspector / Officer assigned to this application:

Name of Inspector / Officer assigned to this application: _____

Signature: _____ **Date:** _____

6-2 PEL MANAGER / D.G. OF PEL & EXAMINATION

Reject Approve

Name of PEL Manager / D.G. of PEL & Examination: _____

Signature: _____ **Date:** _____