

 <p>پاکستان سول ایوی ایشن اتھارٹی</p>	CIVIL AVIATION AUTHORITY VALIDATION OF FOREIGN CREW LICENSE/ CERTIFICATE	<u>CAAF-230-LCXX-2.0</u>
Personnel Licensing Directorate		

NOTE: Please complete in Block Capitals in Blue Ink/ Blue Ballpoint

(Instructions for Application: Please fill all spaces. State Nil, Not applicable (√) or (x) where applicable)

1. Application for:

- i. First issue of foreign license validation certificate
- ii. Re-issue of foreign license validation certificate

2. Particulars of Applicant:

- i. Name: _____
(Surname) (First Name)
- ii. Date of Birth: _____ Place of Birth: _____
- iii. Citizenship: 1. _____ 2. _____ 3. _____
(Single/Dual/Multi) (If Applicable) (If Applicable)
- iv. Address in the Country of Citizenship:

- v. Address in the Country of Residence:

- vi. Details of Passport(s):
1. Number _____ Issue Authority _____ Date of Expiry _____
2. Number _____ Issue Authority _____ Date of Expiry _____
(If Applicable)
- vii. Contact Tel: Number in Pakistan: _____
- viii. Email, Fax Number in Pakistan: _____
- ix. Employer name sponsoring the applicant: _____
- x. Does original license which is to be validated conforms to ICAO Annex-1 provisions
- xi. Class of operation for which the application relates to:
1. Charter Operations 2. RPT Operations 3. Others

3. Particulars of Original/ Foreign Licenses/ Rating:

The Licenses/ Rating/ Other details for which the application relates to :

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3.1 Particulars of Licenses/ Rating:

- i. Title of the License/ Number _____
- ii. Issuing Authority _____
- iii. Date of Initial Issue _____
- iv. Date of Last Issue/ Renewal _____
- v. Valid until _____

The Licenses/Rating/Other details for which the application relates to :

3.2 Particulars of Licenses/ Rating (Medical) Attach Copy:

- i. Medical (ICAO Class – I) _____
- ii. Issuing Authority _____
- iii. Date of Issue _____
- iv. Date of Valid _____
- v. Crew position applied for (pilots only) Co-pilot

3.3 Rating (s):

	Date of initial issue	Date of last Proficiency Check prior to joining the new Operator	Date of expiry/ Validity of last PPC
Type/ Class of Aircraft	_____	_____	_____
Instrument Rating	_____	_____	_____
FI Rating	_____	_____	_____
Other	_____	_____	_____
Crew position applied for (pilots only)	<input type="checkbox"/>		Co-pilot <input type="checkbox"/>

3.4 English Language Proficiency Rating:

Level _____ Valid up to/ Date of issue _____

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4. Flying Experience:

	Total to Date Hrs.	Total M/E Hrs.	Total S/E Hrs.	Total on A/c. for which Validation is sought			
				A/c Type	Hrs	A/c Type	Hrs
Pilot in Command							
Co-pilot							
	During the preceding months * How Many						
	A/c Type		Hrs	A/c Type	Hrs		
Pilot in Command							
Co-pilot							
Instrument							

Details of Previous Validations issued in Pakistan:

(Attach separate sheet or copies of previous FLVCs if space below is inadequate)

Certificate No	Date of issue	Date of Expiry	Privileges	Operator

S#	REQUIREMENTS	YES	NO	REMARKS
1	Foreign License and a photocopy			
2	PCAA Medical Certificate and a photocopy			
3	Local Employer Application Initial Training			
4	Records/ Certificates of Types A/c. for which the application relates to and photocopy			
5	Duly filled application (Personnel Particulars form) for security clearance in Pakistan			
6	Copy of the passport (s)			
7	PPC Report within 90 days			
8	Proof of Experience (Flying logbook) and photocopy			
9	Foreign Security Clearance Certificate			
10	Certified English Language translations of above documents if the originals are not in the English Language			
11	Processing Fee/ Authorization			

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Operator's Submission:

To be filled by the Operator who recommends the application. Please attach more sheets if required.

Name of the Operator _____

Current Postal Address of the Operator/ Employer _____

Expected duration of employment of the applicant From _____ To _____

Methods employed by the Operator to find suitably qualified citizens of Pakistan to fill the above post:

I / We hereby declare that the details furnished above are true and correct. As such the application is recommended. I/We understand that submission of any inaccurate or false information will amount to disqualification of this application or cancellation/suspension of the FLVC issued to the above applicant

Name of the Operator _____ Company Seal: _____

Name of the Accountable Manager _____

Designation : _____

Date

Signature
Approved Person/ CEO of the Operator

For official use			
Date of receipt of the application: _____	Received by: _____		
Signature: _____			
Fee for processing the FLVC Paid : Yes/ No Date _____	Voucher No: _____		
Documents Insufficient <input type="checkbox"/>	Informed Applicant <input type="checkbox"/>	Date: _____	
Documents Sufficient <input type="checkbox"/>	Processing Started <input type="checkbox"/>	Comments: _____	
Fee for issue of FLVC Paid : Yes/No Date _____	Voucher No: _____		

FLVC issued by : _____ Date: _____

Collected by : _____ Date: _____

Delivery Date: _____ Delivery Time: _____

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GUIDANCE FOR SUBMISSION OF DOCUMENTS FOR ISSUANCE OF FLVC:

S No.	Document	Conduct of Flight Training	Conduct Of Flight Check	Ferrying Aircraft
1	Application Form CAA	√	√	√
2	Valid Foreign Licence	√	√	√
3	Valid Foreign Medical Certificate	√	√	√
4	Log Book	√	√	√
5	Local employers request / certification	√	√	√
6	Application for Local Medical Examination	√	x	x
7	PPC reports within 12 months	√	x	x
8	Proof of experience (letter from the airline)	√	x	x
9	Previous employers letter	√	x	x
10	Initial training records on type	√	x	x
11	Ground school training / test reports (local)	√	x	x
12	Simulator training / test reports(local)	√	x	x
13	Base training report (sim/aircraft)	√	x	x
14	Copy of Passport	√	√	√
15	Certified Eng. Translation of Docs	√	√	√
16	Foreign Security Clearance	√	√	√
17	Personal Particulars Form filled for Local Security Clearance	√	√	√
18	Application for knowledge examination	√	√	√
19	Application for ELPC Test (local)	√	√	x
20	Consent and payment of fee for verification of licence to foreign CAA if applicable	√	√	√
21	Verification of foreign licence	√	√	√