

**FLIGHT CREW LICENCE APPLICATION FORM – EQUIVALENT BASIS**

Name: ..... Type of License requested:  
 Local Address: .....  
 Date of birth: ..... Airplane " " " " " Helicopter  
 Place of birth: .....  
 Nationality: ..... Airline Transport Pilot  
 Email address: .....  
 Telephone number: ..... Commercial Pilot  
 Employed by: .....  
 Passport no: ..... Expiry date: .....

**Medical Declaration:**

Type of Certificate (Class 1) ..... Latest Examination Date: .....  
 Expiry Date: ..... Limitations: .....

**Flying Experience:**

Total Hours on A/C Type Requested: ..... Total Night Flight Time: .....  
 Total Flight Time as Pilot in Command (PIC): ..... Total hours as First Officer: .....  
 Total Hours as PIC on Multi Crew Aircraft\*: ..... Total Instrument Time: .....  
 Total Time: ..... \*(Captain on MPA + 50% Co Pilot on MPA)

**Currency Data:**

Date License Proficiency Check: ..... Name of Examiner: ..... Latest Date Flown: .....  
 .....  
 .....

**DECLARATION**

I hereby declare that the above supplied information is truthful and correct. I am aware that I may not exercise privileges other than the privileges authorized by my license with its conditions and limitations, which may be further limited by the Department of Civil Aviation Aruba.

Name of Applicant: .....

Place and Date: .....

\_\_\_\_\_  
 Signature of Applicant

**This Application will not be processed unless completely filled out and accompanied by:**

1. Copy of foreign License (must be full and unrestricted) \*
2. Copy of Radio License \*
3. Latest License Proficiency Check (or initial Skill Test if new type rating)
4. Proof of knowledge of the relevant parts of JAR-OPS and AUA-FCL in compliance with AMJ AUA-FCL 1.A-02
5. Copy of valid AUA-FCL Class 1 Medical Examination
6. Copy ICAO English Language Proficiency Test Results (must be level 4 or higher)
7. Operator letter stating employment by an Aruban AOC-Holder
8. Copy of logbook pages as proof of compliance with appendix 1 to AUA-FCL 1.A-02, showing total times
9. Copy of valid Passport
10. Receipt of payment (Aruba Bank acc.# 1.22.44.35)

\* Foreign license from: JAA member state, United States of America, Canada, Netherlands Antilles

**Please allow 5 working days for the processing of your license**