

Validation Application Form

INS-3.009A

First Issue

Renewal VAL-

Non-Commercial Operation

Commercial Operation *

* I have requested my Licensing Authority to send license verification directly to: licensing@dca.gov.aw

Crew Member Data:

Last Name: Nationality:
 Given Names: Passport number:
 Place of Birth: Date of birth:
 Crew Position: Address in Aruba:
 A/C Type for which validation is requested: E-mail address:
 Employing Company: Tel/Cell number:

License Data:

Aeroplane Helicopter

License number: Type of license:
 Issuing date: Issuing State:
 Expiry Date: English Proficiency Level 4 5 6
 A/C Type ratings: Instrument Ratings Yes No
 Restrictions/Limitations: Expiry Date Instrument Rating:

Medical Declaration:

Type of Certificate: Class 1 Latest Examination Date:
 Expiry Date: Limitations:

Flying Experience:

Total hours experience on specific A/C Type Requested: Total Night Flight Time:
 Total Flight Time (all acft.) as Pilot In Command (PIC): Total hours as First Officer
 Total PIC on Multi Crew Aircraft * *(Captain on MPA + 50% Co Pilot on MPA)
 Total Instrument Time: Grand Total Time:

Currency Data:

Latest License Proficiency Check (LPC) Date: Right Hand Seat Qualified: Yes No
 Name of Examiner: Latest Date Flown:
 Three landings/take-offs on type during last 90 days: Yes No

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

- Operator letter stating the position employed (Captain or First Officer) and type of aircraft to be flown
- Copy of foreign License (must be full and unrestricted)
- Copy of English Language Proficiency certificate: level 4 or higher
- Copy of Radio Licence
- Copy of Latest License Proficiency Check (LPC) (or initial Skill Test if new type rating). Note: JAA and EASA license holders need not send LPC if the LPC date is mentioned in the license
- Copy of Latest class 1 Medical Examination Certificate
- Copy of current Passport
- Copy of payment for First Issue or Renewal of validation: AWG 200.00 deposited via ARUBA BANK N.V. on account # 1224435 of the DCA-Aruba

Please allow 5 working days for the processing of your Validation

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 licence under its conditions and limitations, and which may be further limited by the Department of Civil Aviation of Aruba.

Name:	Date:	Location:	Signature:
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