



UGANDA
CIVIL AVIATION AUTHORITY

APPLICATION FORM FOR FCL AND RELATED KNOWLEDGE EXAMINATION

Part 1: Application information: Please tick as necessary and attach evidence of training Under an approved programme				
<ul style="list-style-type: none"> o Private Pilot(A) o Private pilot(H) o Commercial Pilot(A) o Commercial Pilot(H) o Airline Transport Pilot(A) o Cabin Crew 		<ul style="list-style-type: none"> o Airline Transport Pilot (H) o Flight Engineer o Flight Operations o Radio Telephony o Air Traffic Control o Ground Instructors o Other (Name) 		
Name (Last, First, Middle)		Date of Birth (dd/mm/yyyy)	Place of birth (city, country):	
Contact: Postal Address: _____ Email: _____ Tel: _____		Nationality:	Gender:	
Licence Number if available	Date of Issue	Date of Expiry	Has your licence ever been suspended or revoked	
Do you speak and understand English?	English language Proficiency Level Expiry date: if applicable:			
Part 2: Examination applied on the basis of				
A: Graduate of an ATO	1. Name and Location of ATO	2. ATO Number:	3. Course	Completion Date
B: Military competence:	1. Service	2. Date rated:	3. Rank/grade and service number:	
	4. Have you flown at least 10 hours as PIC in the past 12 month in a civil / military aircraft?			
	5. Date of last check (in the past 12 month):			
C: Holder of a foreign licence issued by a contracting state	1. Country	2. Type of Licence	3. Licence Number:	4. Ratings:
Part 3: Instructor's endorsement:				
I have personally instructed/observed the applicant and consider him/her ready to take the examination according to the school scores listed below:				
	Subject	Score	Subject	Score
1.		7.		
2.		8.		
3.		9.		
4.		10.		
5.		11.		
6.		12.		
Date(dd/mm/yyyy)	Instructor's Name	Rating(s)	Licence number	Signature

Approved Training Organisation:

The applicant has successfully completed our _____
approved course, and is recommended for the following examination(s)

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |

Name of ATO/AOC Recommending Organisation:

ATO/AOC No

Name of responsible person.....

Signature

Date & Stamp

Any other remarks

DateSignature

Part 4 CAA Remarks (Official use only)

Large empty rectangular box for official CAA remarks.