

## **CIVIL AVIATION AUTHORITY**

## Application for an Airline Transport Pilot's Licence (Flying Machines)

## APPLICATION AND DECLARATION

	Date Signature
R	SONAL PARTICULARS OF APPLICANT
	Name in full
	(BLOCK CAPITALS, Surname first)
	Title, rank, etc.
	,
	Permanent address
	Telephone number (if any)
	Nationality
	Date of birthPlace of birth
	Date of birthPlace of birth
	If you wish the licence to be sent to someone else, or to an address other than the one given above
	state such name and / or address:
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197	PERTICULARS OF LICENCES AND QUALIFICATIONS ALREADY HELD
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## FLYING EXPERIENCE

10. Your personal flying log books must be submitted with this application, and entries relating to cross-country flying should be marked in pencil in the margin.

11. Total experience as pilot	Hours Claimed	Qualifying Minima	OFFICIAL USE ONLY
(i) as pilot in charge		250	
(ii) as pilot undergoing dual instruction			
(iii) as second pilot			
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TOTAL		1,200	
12. Cross-country flying			,
(i) as pilot in charge by day		100	
(ii) as pilot in charge by night		25	72.0
(iii) as second pilot		200	= -16
3. Night flying			
(i) as pilot		100	
4. Instrument flying			
(i) in the air		50	
(ii) in a synthetic trainer (e.g. a link)			
TOTAL		75	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<ol><li>Flying during the six month's preceding this application.</li></ol>			
(a) as pilot in charge.	· r	A reasonable amount of flying	
(b) as second pilot if Group I rating is <b>not</b> to be included in the licence.		20	2 22 2 8 2 2