

CIVAL AVIATION AUTHORITY

APPLICATION FOR VALIDATION OF FLIGHT CREW LICENCE AND/OR RATING

(Surname)				(First Name)		
Date of Birth: Place of			rth:	h:Nationality:		
Address Overseas:						
Address in Uganda						
Telephone Number						
NOTE- Persons to whom a validation is granted must ensure that any change of address is notified immediately to the						
Director, safety and economic Regulation. (Uganda)						
This application must be supported by the licence or licences for which validation is sought, and fight crew log books. Expected duration of stay in (Uganda).						
Statement by Applicant:						
I hereby make application for the validation of the enclosed licence(s)/rating(s) issued by:						
Licence	Nu	mber	Expiry Date		Endorsement, etc	
	•••••					
	•••••					
Ratings (Aircraft/Radio)						
Town arranged back in many states of Citation and the Cit						
I am aware that i may not as a flight crew member, exercise privileges other than the privileges authorised by my licence which may be limited by the Director, Safety and Economic Regulation (Uganda).						
Date: Signature of applicant:						
FOR OFFICIAL USE ONLY						
LICCIAC OF RAILING		Meets Experience Requirements	Date		Remarks	
***************************************					· · · · · · · · · · · · · · · · · · ·	