



**PILOT LICENCE
CERTIFICATE OF VALIDATION APPLICATION**

Part I

Unit 2 Cayman Grand Harbour
P. O. Box 10277, Grand Cayman KY1-1003
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1. APPLICANT INFORMATION	NOTE: ALLOW 5-WORKING DAYS FOR VALIDATION PROCESSING	INITIAL – RENEWAL – CAPT. – FO– FE
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A. Name (surname first): _____

B. Date of Birth (dd/mm/yy): _____ C. Nationality: _____

D. Mailing Address of Operator: _____

E. Telephone:	F. Fax:	G. Email:
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H. Have you ever held a CAACI validation? Yes /No	If yes for which aircraft: VP-C	Validation #: Expiration Date:
I. Class of Medical Certificate held: 1 /2 /3	Date Issued: Attach copy of current medical certificate	Medical Examiner:
J. Has your license ever been suspended? Yes / No	If yes give details:	

2. LICENSE INFORMATION: ATTACH COPIES OF EACH LICENCE FOR WHICH VALIDATION IS REQ'D

A. State of Issue: _____ B. Class of License: _____ C. License No: _____

D. Ratings and Limitations: _____

3. Record of Flight Time (Initial Application Only)

PIC	SIC	F/E	Total on type	Total Hours

4. Applicants Certification:
I hereby certify that the statements made by me on this application are true.

Signature: _____ Date: _____

5. Cayman Registered Aircraft to be flown:

A. Aircraft Registration(s)	B. Aircraft type(s)	C. Operator(s)

N.B. PLEASE ATTACH NOTARIZED COPIES OF THE FOLLOWING DOCUMENTS: (A) LICENSE (Initial application always. Renewals if license is subject to renewal or have been amended). (B) COPY OF MEDICAL CERTIFICATE (initial & renewal applications). (C) AIRCRAFT PROFICIENCY & INSTRUMENT CURRENCY (Initial & renewal application). Hard Copy Submission of **A, B, & C** is required. **NO** facsimile submissions will be accepted for processing. **(D) Written Request from Owner/Operator for License Validation Certificate (Initial application & or renewal; notarization not required).**