



CIVIL AVIATION AUTHORITY OF THE CAYMAN ISLANDS

**PILOT LICENCE APPLICATION**

<b>1. TYPE OF LICENCES HELD</b> <input type="checkbox"/> Aeroplane Single Engine <input type="checkbox"/> Second in Command (SIC) <input type="checkbox"/> Instrument <input type="checkbox"/> Aeroplane Multi Engine <input type="checkbox"/> Airline Transport Pilot (ATP) <input type="checkbox"/> Aircraft Type rating <input type="checkbox"/> Private Pilot (PPL) <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Renewal of _____ Lic. <input type="checkbox"/> Commercial Pilot (CPL) <input type="checkbox"/> Flight Engineer												
A. NAME (SURNAME, FIRST, MIDDLE)				B. DATE OF BIRTH DAY    MTH    YR			C. PLACE OF BIRTH					
D. ADDRESS				E. NATIONALITY			F. DO YOU READ, SPEAK AND UNDERSTAND ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO					
				G. HEIGHT (INS.)		H. WEIGHT (LBS.)	I. HAIR		J. EYES		K. SEX	
L. DO YOU NOW HOLD, OR HAVE YOU EVER HELD A CAA CAYMAN LICENCE? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, HAS LICENCE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> NO <input type="checkbox"/> YES    DATE				M. TYPE OF LICENCE		N. LICENCE NO.		O. DATE ISSUED DAY MTH YR		
P. DO YOU HOLD A MEDICAL CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		Q. CLASS OF CERTIFICATE		R. DATE ISSUED			S. NAME OF EXAMINER					
T. HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION PERTAINING TO NARCOTIC DRUGS, MARIJUANA, AND DEPRESSANT OR STIMULANT DRUGS OR SUBSTANCES? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, GIVE DETAILS								
<b>2. LICENCE OR RATING APPLIED FOR ON BASIS OF:</b>												
<input type="checkbox"/> A. HOLDER OF FOREIGN LICENCE ISSUED BY	i. COUNTRY			ii. TYPE OF LICENCE				iii. LICENCE NO.				
	iv. RATINGS											
<input type="checkbox"/> B. COMPLETION OF REQUIRED TEST	i. <input type="checkbox"/> AVIATION LAW <input type="checkbox"/> TECHNICAL (ACFT TYPE) PT. II <input type="checkbox"/> PERFORMANCE GROUP _____			ii. AIRCRAFT TYPE (IF REQUIRED)				iii. TOTAL TIME IN THIS AIRCRAFT				
<b>3. RECORD OF FLIGHT TIME (DO NOT WRITE IN SHADED AREAS)</b>												
	SINGLE ENGINE	MULTI ENGINE	SIMULATOR	PILOT IN COMMAND	SECOND IN COMMAND	DUAL	FLIGHT INSTRUCTOR	FLIGHT ENGINEER	DAY	NIGHT	INSTRUMENT (ACTUAL AND SIMULATED)	TOTAL
AEROPLANE												
HELICOPTER												
4. APPLICANT'S CERTIFICATION I certify that the statements made by me on this application are true.				A. SIGNATURE					B. DATE			