

**FLIGHT CREW PERMIT / LICENCE – APPLICATION FOR ENDORSEMENT OF A RATING**

- Submit in duplicate to an authorized person or to the Regional Manager, General Aviation.
- Parts **A**, **B** and **C** must be completed prior to submission.
- This application must be accompanied by the **fee, examination results, flight test report, pilot training record, certified log-book, letter of recommendation as applicable.**

File Number <b>5802 –</b> Licence Number
Date of Birth (yyyy-mm-dd)
Medical Category
Last Medical (yyyy-mm-dd)

**A PERMIT / LICENCE MUST BE MEDICALLY VALID TO BE ENDORSED WITH A RATING**

<b>PART A</b>		<b>Aircraft Category</b> <input type="checkbox"/> Aeroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Other  <b>Rating(s) Applied For</b> <input type="checkbox"/> Night <input type="checkbox"/> Land <input type="checkbox"/> Sea <input type="checkbox"/> Multi <input type="checkbox"/> Type	<b>Rating(s) Applied For (Continued)</b> <input type="checkbox"/> Instrument <input type="checkbox"/> Second Officer <input type="checkbox"/> Instructor <input type="checkbox"/> Glider Instructor <input type="checkbox"/> Aerobatic Instructor <input type="checkbox"/> Balloon Instructor <input type="checkbox"/> Ultra Light Instructor <input type="checkbox"/> Airship Instructor <input type="checkbox"/> Gyroplane Instructor
Full Given Name 050	Surname		
Mailing Address 060	Telephone		
City / Town 070	Province 100		
Declaration  I hereby declare that I have completed the training and flight time prescribed in the Canadian Aviation Regulations, and that Part <b>B</b> below contains a true summary of experience relative to this application.			
Date (yyyy-mm-dd)		Signature of Applicant	

**PART B - FILL IN ONLY THE BLOCK(S) FOR THE RATING(S) APPLIED FOR**

<b>NIGHT</b>							Instrument				<b>LAND / SEA</b>				<b>MULTI-ENGINE</b>			
Total	Dual	Dual Cross Country	Solo	No. of Solo Takeoffs and Landings	Flight	Ground	Total	Dual	Solo	No. of Solo or Pic Takeoffs/Landings	Total	Dual	Pilot in Command	If Centre Thrust Only Check Here				
														<input type="checkbox"/>				
<b>TYPE RATING</b>					Qualifying Flight in Pilot-in-Command Seat or PPC		<b>INSTRUMENT RATING</b>											
Type Desig.	Total	Pilot in Command	FE / SO	Simulator	Flight Time	Date (yyyy-mm-dd)	Pilot in Command			Instrument Time								
							Total Pilot in Command	In Category	Cross Country	Total Instrument Time	Flight Time				In Category	100 NM Cross Country	Ground Time	
											Dual							
											From Instructor	Other						
<b>SECOND OFFICER</b>		<b>INSTRUCTOR RATING: CLASS</b>											<b>GLIDER INSTRUCTOR</b>					
Type Desig.	Date of Course (yyyy-mm-dd)	Pilot in Command	Instrument		Flight Training			Ground School		Flight Time		No. of Flights						
			Flight Time	Ground Time	Dual	Pilot in Command	Cross Country		Instrument Instructing Techniques		Total		Two Seat					
							Dual	PIC										
<b>AEROBATIC INSTRUCTOR</b>			<b>BALLOON INSTRUCTOR</b>						<b>AIRSHIP TYPE RATING</b>				<b>VFR OVER THE TOP RATING</b>		<b>ULTRA LIGHT INSTRUCTOR RATING</b>			
Dual	Solo	Ground School	Total	Training, Last 12 Months				Type Desig.	Flight Time	No. of Ascents	Solo Ascents	Instrument		Flight Time in Previous 24 Months	Flight Training			
			Free	Tthr'd	Total	Dual	Solo					Dual	Ground	Dual	Solo			
						Free	Tthr'd	Free	Tthr'd									
Training was done in aircraft registration marks:							Flight Simulator Location and Type:											
Letter of Competence or Recommendation is attached for:							If exemption is being sought for any requirement state the Canadian Aviation Regulations reference:											
<input type="checkbox"/> Second Officer <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Glider Instructor <input type="checkbox"/> Balloon Instructor <input type="checkbox"/> Type (Foreign Training, Airship)							(Proof of eligibility for exemption is required)											

**PART C - RECOMMENDATION (To be completed by the person who evaluated the applicant's competency or who is recommending the applicant for a flight test.)**

Strike out the non-applicable statement:

I have assessed the applicant's skill and consider he/she is competent to hold \_\_\_\_\_ rating(s); **OR** This applicant is recommended for a flight test.

\_\_\_\_\_  
Date (yyyy-mm-dd)                      Print Name                      Signature                      Licence No.                      Organization

**PART D - CERTIFICATION OF LICENCE PRIVILEGES BY AUTHORIZED PERSON**

Permit / Licence Number \_\_\_\_\_ was certified for the addition of \_\_\_\_\_ rating on \_\_\_\_\_

\_\_\_\_\_  
Date (yyyy-mm-dd)                      Print Name                      Signature of Authorized Person                      Licence No.                      Organization                      Appointment Expiry Date (yyyy-mm-dd)

**PART E - FOR DEPARTMENTAL USE ONLY**

Written Examination Code 480	Date (yyyy-mm-dd)	Results 540	Flight Test Code 480	Date (yyyy-mm-dd)	Results 540	Fee Paid \$ 450	Receipt No.
Checked and recommend endorsement of _____ Official rating title							
Date (yyyy-mm-dd) _____ For Regional Manager, General Aviation                      020                      Region							
Coding							
Coded By		Date entered for print (yyyy-mm-dd)		Signature			