



PLEASE PRINT and use (dd/mm/yy) date format

LICENSING APPLICATION FORM					
<input type="checkbox"/> ATPL <input type="checkbox"/> PIC TYPE RATING <input type="checkbox"/> VALIDATION <input type="checkbox"/> CPL <input type="checkbox"/> FIRST TYPE RATING <input type="checkbox"/> REVALIDATION (Valid Licence) <input type="checkbox"/> F/E <input type="checkbox"/> ADDITIONAL TYPE RATING <input type="checkbox"/> RENEWAL (Lapsed Licence)					PHOTO 3X4 CMS (with white background & Matt finish)
(cross applicable boxes, date format dd/mm/yy)					
APPLICANT'S IDENTIFICATION					
FIRST NAME		MIDDLE NAME	SURNAME	ADDRESS	
NATIONALITY		DATE OF BIRTH	PASSPORT NO.	DATE OF EXPIRY	EMPLOYER
TYPE OF LICENCE HELD					
<input type="checkbox"/> HOLDER OF BAHRAINI LICENCE	LICENCE NO.		RATINGS HELD		TYPE OF LICENCE
<input type="checkbox"/> HOLDER OF FOREIGN LICENCE	LICENCE NO.		STATE OF ISSUE	RATINGS HELD	TYPE OF LICENCE
RATING APPLIED FOR :					
APPLICANT'S CERTIFICATION					
I CERTIFY THAT I MEET ALL PERTINENT REQUIREMENTS OF THE REGULATIONS FOR THE LICENCE OR RATINGS APPLIED FOR. I ALSO AGREE TO ABIDE BY THE PROVISIONS OF THE CIVIL AVIATION LAW OF BAHRAIN AND THE REGULATIONS ISSUED THEREUNDER.					APPLICANT'S SIGNATURE:
DATE:					
TRAINING					
I CONSIDER THE ABOVE APPLICANT READY TO TAKE THE TEST FOR WHICH HE IS APPLYING					
INSTRUCTOR'S NAME: LICENCE NO: DATE: INSTRUCTOR'S SIGNATURE:					
I CERTIFY THE ABOVE APPLICANT MEETS THE PREREQUISITES FOR THE LICENCE HE IS APPLYING FOR					
THEORITICAL TRAINING COMPLETED <input type="checkbox"/> THEORETICAL KNOWLEDGE EXAMINATION RESULT: % (Pass Mark 75%) MCC TRAINING COMPLETED (first rating) <input type="checkbox"/>					
MANAGER TRAINING NAME : SIGNATURE:					
FLIGHT TRAINING					
INSTRUCTOR'S NAME: LICENCE NO: DATE: NUMBER OF LANDINGS: HOURS FLOWN: (HH:MM) INSTRUCTOR'S SIGNATURE:					
EXAMINER REPORT OF COMPLETION					
	PASSED	FAILED	DATE	EXAMINER/INSPECTOR NAME/LICENCE & DE NO.	SIGNATURE
ORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
SIMULATOR SKILL TEST/LOE*	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
AIRCRAFT FLIGHT SKILL TEST	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
*Line Operational Evaluation is applicable to operators holding BAH CAA approved Advanced Qualification Programme (AQP)					
OPERATOR RECOMMENDATION					
I CERTIFY THAT THE APPLICANT HAS SUCCESSFULLY COMPLETED ALL THE TRAINING REQUIRED BY BAHRAIN CAA APPLICABLE ANTR, OPERATOR'S OPERATION MANUAL AND IS RECOMMENDED FOR THE ISSUE OF THE LICENCE/RATING AS					
<input type="checkbox"/> PILOT IN COMMAND <input type="checkbox"/> CO-PILOT					
TRAINING MANAGER/HEAD OF OPERATION NAME: SIGNATURE: DATE/STAMP:.....					
BCAA INSPECTOR REPORT					
EXAMINER ACTION ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO					
INSPECTOR NAME: SIGNATURE: DATE:					