



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 BAHRAIN 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					
THEORETICAL TRAINING COMPLETED 75%) THEORETICAL KNOWLEDGE EXAMINATION RESULT: % (Pass Mark <input type="checkbox"/>					
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"/>	_____	<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:



FOR OFFICIAL USE ONLY			
BCAA INSPECTOR REPORT			
REMARKS: RECOMMEND FOR			
EXAMINER ACTION REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
INSPECTOR NAME:	SIGNATURE:	DATE:	
CHIEF AVIATION PERMITS AND LICENSING RECOMMENDATION			
RECOMMENDED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SIGNATURE:	DATE:		
DIRECTOR AERONAUTICAL LICENSING			
APPROVED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
RECOMMENDED FOR INITIAL ISSUE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
SIGNATURE:	DATE:		
USCA APPROVAL FOR ISSUE OF INITIAL LICENSE			
APPROVED FOR INITIAL ISSUE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
SIGNATURE:	DATE:		