



**APPLICATION FOR LICENSE VALIDATION OR CONVERSION BASED ON A FOREIGN LICENSE**

**A. APPLICATION IS HEREBY MADE FOR ISSUANCE OF A PHILIPPINES LICENSE BASED ON VALIDATION OR CONVERSION OF A FOREIGN LICENSE:**

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|---|--|--|
| <input type="checkbox"/> ADDED RATING   | <input type="checkbox"/> MEDICAL CERTIFICATE             | <input type="checkbox"/> FLIGHT INSTRUCTOR |
| <input type="checkbox"/> PILOT          | <input type="checkbox"/> AVIATION MAINTENANCE TECHNICIAN | <input type="checkbox"/> FLIGHT DISPATCHER |
| <input type="checkbox"/> PILOT ENGINEER | <input type="checkbox"/> INSPECTION AUTHORIZATION        | <input type="checkbox"/> FLIGHT NAVIGATOR  |

**B. AIRMAN PERSONAL INFORMATION:**

1. NAME (Last, First, Middle)			2. PERMANENT ADDRESS (Street or PO Box Number)		
3. TELEPHONE AND FAX			4. CITY	STATE/PROVINCE	MAIL CODE COUNTRY
5. DATE OF BIRTH (MONTH, DAY, YEAR)		6. PLACE OF BIRTH	7. NATIONALITY (CITIZENSHIP)		8. LANGUAGE PROFICIENT? <input type="checkbox"/> Yes <input type="checkbox"/> No LEVEL
9. HEIGHT	10. WEIGHT	11. HAIR	12. EYES	13. SEX	14. E-MAIL ADDRESS
					15. For CAAP Use

**C. PILOT INFORMATION:**

1. LICENSE NUMBER	2. STATE OF ISSUE	3. DATE ISSUED	4. RATING(S) REQUESTED		
5. TOTAL FLIGHT HRS.	6. TOTAL PIC HRS.	7. TOTAL X-C HRS.	8. TOTAL NIGHT HRS.	9. INSTRUMENT PIC	10. TOTAL HRS. TYPE
11. RATINGS AND LIMITATIONS TO BE ISSUED:				12. ASSIGNED NUMBER AND EXPIRATION DATE	

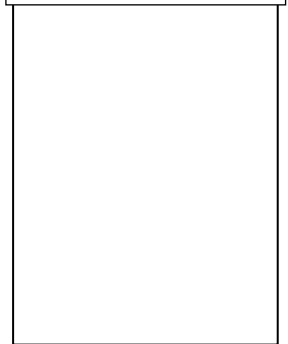
**D. OTHER LICENSE INFORMATION:**

1. LICENSE NUMBER	2. STATE OF ISSUE	3. DATE ISSUED	4. RATING(S) REQUESTED		
5. RATINGS AND LIMITATIONS TO BE ISSUED:				6. ASSIGNED NUMBER AND EXPIRATION DATE	

**E. MEDICAL EVALUATION INFORMATION:**

1. CLASS OF CERTIFICATE	2. STATE OF ISSUE	3. DATE OF ISSUE	4. MEDICAL EXAMINER		
5. LIMITATIONS OR RESTRICTIONS TO BE ISSUED		6. ASSIGNED NUMBER AND EXPIRATION DATE			

**G. ATTACH APPLICANT PHOTO HERE**  
(Passport Size)



**F. APPLICANT'S CERTIFICATION**—I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any Philippines licenses to me.

*A person shall not with intent to deceive: (c) make any false representation for the purpose of procuring for himself or any other person the grant, issue, renewal or variation of any such license...*

1. DATE	2. APPLICANT SIGNATURE:	
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**H. CAAP AUTHORIZED PERSON CERTIFICATION:**

<input type="checkbox"/> 1. LANGUAGE PROFICIENCY TEST ADMINISTERED	<input type="checkbox"/> 3. CONFIRMATION CONTACT MADE WITH ISSUING CIVIL AVIATION AUTHORITY TELEPHONE: _____ NAME: _____		
<input type="checkbox"/> 2. RECOMMEND ISSUANCE OF LICENSE	ICAO CONTRACTING STATE: _____		
4. DATE	5. TITLE OR DESIGNATION NUMBER	6. SIGNATURE	7. CASORT ENTRY:

<input type="checkbox"/> Copies of all issued Philippines License(s) attached	<input type="checkbox"/> Copy of other State's medical evaluation	<input type="checkbox"/> Last 12 months experience reviewed (require for inspection Authorization)	<input type="checkbox"/> Copy of applicable aircraft-specific training or experience attached
<input type="checkbox"/> Copy of other State's Airman License(s) attached	<input type="checkbox"/> Airman logbook reviewed for experience requirements	<input type="checkbox"/> Copy of aircraft lease reviewed for applicable time period	<input type="checkbox"/> Other relevant experience or training documents attached

CAAP-FSIS-LCD-ALD ALVCBFL v1,r0

Control Number: