

	<b>FORMULAIRE DE DEMANDE DE PROROGATION DE LICENCE/ LICENSE VALIDATION APPLICATION FORM</b>	<b>POR03-FOM-13-B</b>
	* <input type="checkbox"/> PPL(A)ou(H) <input type="checkbox"/> CPL(A)ou(H) <input type="checkbox"/> ATPL(A)ou(H) <input type="checkbox"/> FE <input type="checkbox"/> FN	Date : 01/03/2019 Page 1 sur 1

N°

**I. INFORMATION PERSONNEL / PERSONAL DETAILS**

1. <b>NOM &amp; PRENOMS / LAST NAME &amp; FIRST NAMES:</b> 2. <b>DATE DE NAISSANCE / DATE OF BIRTH :</b> 3. <b>LIEU DE NAISSANCE / PLACE OF BIRTH :</b> 4. <b>NATIONALITE / NATIONALITY :</b> 5. <b>ADRESSE / ADRESS :</b> 6. <b>TELEPHONE / TELEPHONE :</b> 7. <b>E-MAIL :</b>
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**II. LICENCE ORIGINELLE / ORIGINAL LICENSE**

1. <b>TYPE DE LICENCE/ TYPE OF LICENSE :</b> 2. <b>N° LICENCE/ LICENSE N° :</b> 3. <b>QUALIFICATION DE TYPE/CLASSE/ TYPE/CLASS RATING:</b> 4. <b>VALIDITE QT/ TYPE RATING VALIDITY :</b> 5. <b>AUTRES QUALIFICATIONS/ OTHER RATING :</b>
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**III. CERTIFICAT MEDICAL / MEDICAL CERTIFICATE**

1. <b>CLASSE/ CLASS :</b> 2. <b>DATE DE LA DERNIERE VISITE / DATE OF LAST MEDICAL :</b>
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**IV. EXPERIENCE DE VOL / FLYING EXPERIENCE**

1. <b>HEURES DE VOL DES SIX DERNIERS MOIS / LAST SIX MONTH FLYING HOURS :</b> 2. <b>HEURES DE VOL DES TROIS DERNIERS MOIS / LAST THREE MONTH FLYING HOURS :</b> 3. <b>HEURES D'INSTRUCTION / INSTRUCTION HOURS :</b> 4. <b>DATE DU DERNIER RECYCLAGE / LAST RECURRENT DATE :</b>
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**V. MOTIF / REASON**

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\*Cocher la mention demandée / Fill required box

Date / Date

Signature du requérant / signature of applicant

**PIECES JOINTES / ATTACHED FILES**

- 01 carte de la qualification de type / type rating card
- 01 copie certificat médical / copy of medical certificate
- 01 copies du dernier recyclage / copy of last proficiency check