



## APPLICATION FOR ORIGINAL AIRMAN LICENSE [FLIGHT CREW MEMBER]

**INSTRUCTIONS**  
Print or type. Do not write in shaded areas, these are for CAAV use only. Submit original only to the Flight Safety Standards Department or a CAAV Authorized Person. If additional space is required, use an attachment

<b>A. APPLICATION IS HEREBY MADE FOR ISSUANCE REISSUANCE OF THE FOLLOWING VIETNAM AIRMAN LICENSE:</b>							
1. STUDENT PILOT	3. COMMERCIAL PILOT	5. FLIGHT ENGINEER	7. FLIGHT DISPATCHER				
2. PRIVATE PILOT	4. AIRLINE TRANSPORT PILOT	6. FLIGHT INSTRUCTOR	8. OTHER:				

<b>B. LICENSE OR RATING APPLIED FOR ON BASIS OF:</b>			
1. COMPLETION OF REQUIRED KNOWLEDGE AND SKILL TEST	2. AIRCRAFT TO BE USED (if flight test required)	3. TOTAL TIME IN THIS AIRCRAFT/SIM/FTD hours	4. PILOT-IN-COMMAND hours

<b>C. THE FOLLOWING CATEGORY AND/OR CLASS IS INVOLVED:</b>			
1. AEROPLANE – SINGLE ENGINE LAND	5. GLIDER.....(SPECIFY TOW) →	-----	
2. AEROPLANE – MULTIENGINE LAND	6. ROTORCRAFT.....(SPECIFY CLASS) →	-----	
3. AEROPLANE – SINGLE ENGINE SEA	7. LIGHTER THAN AIR, ..... (SPECIFY CLASS) →	-----	
4. AEROPLANE – MULTIENGINE SEA	8. POWERED LIFT		

<b>D. THE FOLLOWING RATING IS INVOLVED:</b>			
1. INSTRUMENT	3. ADDED TYPE RATING.....(SPECIFY) →	-----	
2. CATEGORY II OR III APPROACHES	4. OTHER RATING.....(SPECIFY) →	-----	

<b>E. AIRMAN PERSONAL INFORMATION:</b>											
1. NAME (Last, First, Middle)				2. PERMANENT ADDRESS (Street or PO Box Number)							
3. TELEPHONE AND FAX				4. CITY		ISLAND/STATE/PROVINCE		MAIL CODE		COUNTRY	
5. DATE OF BIRTH (MONTH, DAY, YEAR)			6. PLACE OF BIRTH			7. NATIONALITY (CITIZENSHIP)			8. Language Proficiency Level 4/+? <span style="float: right;">Yes No</span>		
9. HEIGHT		10. WEIGHT	11. HAIR	12. EYES	13. SEX	14. E-MAIL ADDRESS				15. For FSI Use	

<b>F. RECORD OF PILOT TIME (Do Not Write In The Shaded Areas):</b>															
Total	Instruction Received	Solo	Pilot In Com mand (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Take-Off/ Landing	Night PIC	Night Take-Off/ Landin g PIC	Number Of Flights	Number Of Aero-Tows	Number Of Ground Launches	Number Of Power Launches
Gliders															
Free Balloon															
Airship															
Aeroplane			PIC			PIC				PIC	PIC				
			SIC			SIC			SIC	SIC					
Rotorcraft			PIC			PIC				PIC	PIC				
			SIC			SIC			SIC	SIC					
Powered Lift			PIC			PIC				PIC	PIC				
			SIC			SIC			SIC	SIC					
Simulator															
Training Device															
PCATD															

<b>G. MEDICAL EVALUATION INFORMATION:</b>			
1. CLASS OF CERTIFICATE	2. STATE OF ISSUE	3. DATE OF ISSUE	4. MEDICAL EXAMINER

<b>H. HAVE YOU FAILED A TEST FOR THIS LICENSE OR RATING?</b>	1. Yes    2. No
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<b>I. APPLICANT'S CERTIFICATION—</b> 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 CAAV license 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:	

<b>J. INSTRUCTOR'S RECOMMENDATION</b> I have personally instructed the applicant and consider this person ready to take the test.			
1. Date	2. Instructor's Signature ( <i>Print Name and Sign</i> )	3. License Number	4. License Expires

<b>K. DESIGNATED EXAMINER'S OR AIRMAN CERTIFICATION REPRESENTATIVE REPORT</b>			
1. Student Pilot License Issued ( <i>Copy Attached</i> )			
2. I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of VAR Part 7 for the license or rating sought.			
3. I have personally tested this applicant's knowledge.			
4. I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the results indicated below.			
5. Approved – License Issued ( <i>Original Attached</i> )			
6. Disapproved – Disapproval Notice Issued ( <i>Original Attached</i> )			
7. Location of Test ( <i>Facility, City, Island/State/Province</i> )		8. Duration of Test	
		(a) Ground	(b) Simulator/FTD
		(c) Flight	
9. License or Rating for Which Tested	10. Type of Aircraft Used	11. Registration No	
12. Date	13. Examiner's Signature ( <i>Print Name &amp; Sign</i> )	14. License No.	15. Designation No.
		16. Designation Expires	

<b>L. EVALUATOR'S RECORD (<i>Use For ATP License And/Or Type Ratings</i>):</b>			
	INSPECTOR	EXAMINER	Signature and License Number
			Date
1. Oral			
2. Approved Simulator/Training Device Check			
3. Aircraft Flight Check			

<b>M. AVIATION SAFETY INSPECTOR OR PEL LICENSING OFFICER REPORT</b>			
I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and/or necessary requirements with the result indicated below			
1. <b>Approved</b> — Temporary License Issued ( <i>Original Attached</i> )		2. <b>Disapproved</b> – Disapproval Notice Issued ( <i>Original Attached</i> )	
3. Location of Test ( <i>Facility, City, Island/State/Province</i> )		4. Duration of Test	
		(a) Ground	(b) Simulator/FTD
		(c) Flight	
5. License or Rating for Which Tested	6. Type(s) of Aircraft Used	7. Registration No.(s)	
8. Student Pilot License Issued	13. License or Rating Based	14. Flight Instructor	16. Ground Instructor
9. Examiner's Recommendation	(a) Approved Course Graduate	(a) Renewal	
(a) Accepted (b) Rejected	(b) Other Approved CAAV Qualification Criteria	(b) Reinstatement	
10. Reissue or Exchange of Pilot License		<b>15. Instructor Renewal Based On</b>	
11. Special Medical test conducted		(a) Activity	(c) Training Course
12. Language Proficiency test conducted		(b) Test	(d) Duties and Responsibilities
17. Training Course (FIRC) Name		18. ATO Certificate No.	19. Graduation Date
20. Date	21. Inspector's Signature ( <i>Print Name &amp; Sign</i> )	22. Control Number	23. CASORT-PEL Entry

<b>N. ATTACHMENTS:</b>			
6. Airman's Identification (ID) checked-----	ID: _____		
1. Student Pilot License ( <i>copy</i> )	7. _____	11. _____	
	Form of ID	Name	
2. Knowledge Test Report	8. _____	12. _____	
	Number	Date of Birth	
3. Temporary Airman License	9. _____	13. _____	
	Expiration Date	License Number	
4. Notice of Disapproval	10. _____	14. _____	
	Telephone Number	E-Mail Address	
5. Superseded Airman License			