

A - APPLICANTS DETAILS

Operator applying for the validation:	Operator's contact person regarding the application:
Name of licence holder:	
Address:	
Date and country of birth:	Nationality:

B – LICENCE DETAILS

Type of Licence: <input type="checkbox"/> ATPL <input type="checkbox"/> CPL/IR <input type="checkbox"/> F/E	Licence No.:	State of issue:	State the rating(s) which the validation is based on
Are there any limitations on the licence or relevant rating(s)?		Has the licence been validated before? <input type="checkbox"/> No <input type="checkbox"/> Yes => State validation No.	

C – ACCOMPANYING DOCUMENTS - The stated documents must be submitted with the application - mark in the relevant check boxes.

<input type="checkbox"/> Flight Crew Licence (ICAO)	<input type="checkbox"/> Copy of Passport
<input type="checkbox"/> Curriculum Vitae (CV) ¹	<input type="checkbox"/> Copy of latest training/skill test and/or proficiency check forms
<input type="checkbox"/> Confirmation of Part-FCL/Part-OPS course/examination ² Unless available at ICETRA	<input type="checkbox"/> Copy of last four pages in log-book or equivalent in accordance with AMC1 FCL.050
<input type="checkbox"/> Valid Medical Certificate ³	

1 If the licence holder has had an Icelandic validation the previous year, then Curriculum Vitae is not required.
2 This is to confirm pass of the ICETRA Part-FCL and Part-OPS examinations. An exemption is made when this has been confirmed before (e.g. in relation with previous validation).
3 (i) If a Flight Engineer (F/E) licence is to be validated there is a requirement for medical certificate which is required for the national F/E licence.
(ii) If a pilot licence (ATPL/CPL) issued by a non EASA state is to be validated, a Part-Med class 1 medical certificate is required (Class 1 extended examination for initial Part-MED medical examination) as well as the medical certificate which is required for the licence to remain valid.

D – FLIGHT TIME

	[Hours]
1. Flight hours as pilot in command on multi-pilot aeroplanes	
2. Flight hours as co-pilot on multi-pilot aeroplanes	
3. Flight hours on the type which the validation is based on	
4. Total Flight hours according to log-book:	
<i>State period for Total flight hours if not Grand Total.</i>	

F – SIGNATURE

I, the applicant, hereby declare that I do not hold or have applied for the privileges applied for on this application in another member state, nor have I had my privileges revoked or suspended in another member state. I confirm that information given on this form is correct and that I have not withheld any relevant information or made any misleading statements. I understand that, if I have made any false or misleading statements in connection with this application, the licensing authority may refuse to grant me or may revoke privileges applied for or already held, without prejudice to any other action applicable under national law.

The Operator confirms that the above statements are correct.

Date: _____ Place: _____

Flight operations manager signature

Applicant signature