License, Rating, Authorisation or Validation Certificate Application for Aeronautical Station Operator – SLCAA- O-PEL 014

☐ Issue	☐ Renewal	☐ Re-issue	☐ Adding rating	☐ Adding Authorisation

I. Application Information

A. Name (Surname, First, Middle)		B. Date of birth (dd/mm/yyyy)		C. Place of birth	
D. Address		E. Nationality		F. Height	
		G. Weight	H. ☐ Male ☐	I. Hair	J. Eyes
K. Do you now hold, or have you ever held a Sierra Leone or any other CAA license? ☐ ☐ Yes No	L. If yes, has license ever been suspended or revoked ☐ ☐ Yes ……..date No	M. Type of license	O. Date issued (dd/mm/yyyy)		
		N. Number			
P. Do you hold a medical certificate?	Q. Class of certificate	R. Date issued (dd/mm/yyyy)	S. Name of examiner		

II. License, rating, authorisation or validation certificate applied for on basis of

A. Completion of required knowledge test ☐	1. Knowledge test for_____license/rating successfully completed		2. Date of completion of knowledge test (dd/mm/yyyy)	
B. Completion of required skill test/proficiency check ☐	1. Aircraft to be used (if applicable)			2a. Total time of logging (If applicable)
C. Graduate from integrated course of approved training ☐	1. Name and location of ATO		2. ATO Number	
	3. Course from which graduated		4. Date (dd/mm/yyyy)	
D. Holder of foreign license issued by	1. Country	2. Grade of license	3. Number	
	4. Ratings			

FORM: O-PEL014 License, Rating, Authorisation or Validation Certificate Application for Aeronautical Station Operator

III. Applicant's Certification	A. Signature	B. Date (dd/mm/yyyy)
I certify that the statements made by me on this application are true.		

Attachments	Applicant's identification	
☐ Knowledge Test Report	Form of ID _____	ID Name ___
☐ Skill Test Report	Number _____	Date of birth: (dd/mm/yyyy) _____
☐ Proficiency Check Report (if applicable)	Expiration date (dd/mm/yyyy) _____	Email address _____
☐ Notice of Denial	Telephone Number	
☐ Letter of Discontinuance	_____	
☐ Graduation Certificate (copy)		
☐ Identification document (copy)		
☐ Endorsement from instructor (if relevant block has not been completed)		
☐ Verification of authenticity of foreign license		
☐ Copy of Foreign Medical		

SLCAA Use Only

I have reviewed this person's application and the required documentation and authorize the issue of the licence/validation/authorisation.

Name/title of CAA official who conducted the review _____

LICENSE, RATING, AUTHORISATION OR VALIDATION CERTIFICATE APPLICATION

INSTRUCTIONS FOR COMPLETION OF SLCAA FORM O- PEL 014

I. Application Information *Check appropriate block(s)*

Block A. Name

Enter legal name. Do not change the name on subsequent applications unless it is officially indicated to the Authority that the name is changed with a copy of the marriage license, court order, or other document verifying the name change (in accordance with Sierra Leone CAR 1.2.1.2). The name on the certificate should be the same as the name on the application.

Block B. Date of Birth. Check for accuracy. Enter eight digits. Use numeric characters, i.e..20-10-1983 instead of 20 October 1983. Check to see that Date of Birth is the same as it is on the medical certificate.

Block C. Place of Birth. Enter the city and country where you were born.

Block D. Address. Enter residence number and street or P.O. Box in top part of the box. The City, country and Post code go in the bottom part of the block. Check for accuracy. Make sure the numbers are not transposed. Use your permanent mailing address.

Block E. Nationality. Indicate your nationality from your passport. If you have more than one nationality, indicate them.

Block F Height. Enter your height in centimeters.

Block G. Weight. Enter your weight in kilograms. No fractions use whole kilograms only.

Block H. Check male or female.

Block I. Hair. Spell out the colour of your hair. If bald, enter "bald". Colour should be listed as black, red, brown, blond or gray. If you wear w wig or toupee, enter the colour of your hair under the wig or toupee.

Block J. Eyes. Spell out the colour of your eyes. The colour should be listed as blue, brown, black, hazel, green or gray.

Block K. Do you hold, or have you ever held a Sierra Leone SLCAA license. Check yes or no.

Block L. If yes, has license ever been suspended or revoked. Check yes or no and indicate the date, if yes.

Block M. Type of license. Enter the type of **Block N. Number**. Enter the number as it appears on your license.

Block O. Date issued. Enter the date your license was issued.

Block P. Do you hold a medical certificate? Check yes or no. If yes complete blocks Q, R and S.

Block Q. Class of certificate. Enter the class as shown on the medical certificate i.e. 1st, 2nd or 3rd class.

Block R. Date issued. Enter the date your medical certificate was issued.

Block S. Name of examiner. Enter the name as shown on the medical certificate.

Block T. Do you speak and understand the English language. Check yes or no.

II. License, Rating or validation certificate applied for .

Block A. Completion of required knowledge test

1. **Knowledge test for license/rating successfully completed.** Indicate which knowledge test has been successfully completed.

Block B. Graduate from integrated course of approved training.

1. **Name and location of ATO** (Aviation Training Organisation). As shown on the graduation certificate. Be sure the location is entered.

2. **ATO Number.** As shown on the graduation certificate.

3. **Course from which graduated.** As shown on the graduation certificate.

4. **Date.** Date of graduation from indicated course.

Block C. Holder of a foreign license.

1. **Country.** Country which issued the license

2. **Type of license.** Type of license issued, i.e. private, commercial, etc.

3. **Number.** Number which appears on the license.

4. **Ratings.** All ratings that appear on the license.

III. Applicant's Certification

A. **Signature.** The way you normally sign your name.
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