Application for the Verification of Third Country ICAO Licences

This form can be filled in on screen (preferred method) then printed, signed and submitted as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink



Please read the attached Guidance Notes before completing this form.

FALSE REPRESENTATION STATEMENT

It is an offence under Article 256 of the Air Navigation Order 2016 to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine up to £5000, and on conviction on indictment with an unlimited fine or up to two years imprisonment or both.

1. APPLICANT DETAILS	(The Applic	cant is the person resp		ment of CAA charges) pleted by the Applicant
			10 ne com	Jieten ny tile Applicant
CAA Personal reference number (if known):			
Title: Forename:		Surname:		
		,		
		,		
Permanent Address:				
,		Postcode:		
Telephone:		Mobile telephone:		
E-mail:				
1 ADDRESS FOR CORRECTO	TIPELOR (C. Stiferant from chough)		To be some	Treather Applicant
2. ADDRESS FOR CORRESPOR	NDENCE (if different from above)		10 DE COTTIL	pleted by the Applicant
Postal Address:				
			Postcode: .	
2 PARTICUI ARS OF NON-UK	LICENCES AND RATINGS HELD (Se	oo Guidance Note 2)	To be comple	eted by the Applicant
Issuing Authority	Licence or Rating held	Licence/Certifica	_	Expiry Date
· · · · · · · · · · · · · · · · · · ·				' '
	+			
	MEDICAL CERTIFICATES HELD (See Class of Medical Certificate held	•	_	leted by the Applicant
Issuing Authority	Class of Medical Certificate neid	Licence/Certifica	ate Number	Expiry Date
 				
	RELEASE INFORMATION TO THE UI			
	re of the above licence details to the U		•	purpose of verification
·	Aviation A	authority/Administration	licence.	
Contact details for relevant de				
Email:			·····	·····
Signature of Applicant:			Date:	

6.	APPLICATION (Tick as appropriate) To be completed by the Applicant
	I am applying for:
	ICAO PPL to PART-FCL PPL ICAO CPL to PART-FCL CPL ICAO ATPL to PART-FCL ATPL
	Transfer of ICAO Class/Type/Instrument rating to PART-FCL (please specify)
	Revalidation or renewal of a rating on the basis of an ICAO licence (please specify)
	Flight Instructor rating (please specify)
	Other (please specify)
7.	DECLARATION OF APPLICANT (Tick as appropriate) To be completed by the Applicant
	DECLARATION OF APPLICANT (Tick as appropriate) declare that I hold the above stated privileges and the information provided on this form is
	declare that I hold the above stated privileges and the information provided on this form is
	declare that I hold the above stated privileges and the information provided on this form is correct. I agree to receive:
	declare that I hold the above stated privileges and the information provided on this form is correct. I agree to receive: Flight Crew Safety material from the CAA only or Safety material from authorised sources
	declare that I hold the above stated privileges and the information provided on this form is correct. I agree to receive: Flight Crew Safety material from the CAA only or Safety material from authorised sources

8. COURIER CHARGES

Note to all customers: All original documents submitted by the customer and CAA issued documents, will be returned by secure courier and are subject to the appropriate charge as detailed on our website; please click attached link "Courier Charge". The courier charge will be added to the relevant charge as per the Personnel Licensing Scheme of Charges and payable with application.

Should you decide that you do not wish to use the courier option, please tick the box below and all documents will be returned by normal post (Second Class). If the documents sent by normal post fail to arrive at your postal address, we will only be able to reissue the CAA documents, 15 working days after the original date of despatch from our office. A written request and secure courier fee will also be required. The CAA is not liable for any direct or consequential loss or delay that is caused by normal service.

If you wish to opt out of document return by secure courier, please tick box.

Please note: The CAA is not liable for any direct or consequential loss or delay that is caused by the Secure Courier Service. Any damage to products received by you must be notified in writing to the CAA no later than 24 hours from the time of signing for the product(s). You must also return the damaged product(s) to the CAA no later than one week from the receipt and in return, we will reimburse the cost of postage. The CAA will assist you with your claim from the Secure Courier Service provider to recover your financial loss. Such claims will be limited to the price of replacement product(s) in line with the courier terms and conditions.

9	D. CHARGES
	The charge required for this application is £45.00, to be paid on application enclosed herewith.
	NB: This application will not be processed until the applicable charges have been received.
	Total charges included are: £
	Where charges are to be paid other than by the applicant, please enter the name of the person/company who is paying:

Withdrawal/Cancellation of Application: In the event that this application is withdrawn or cancelled by the applicant, the application fee less the cost of any work carried out by the CAA to that date may be refunded. Please see the CAA Refunds Policy at www.caa.co.uk/refunds for more information.

IMPORTANT NOTES

10. FINANCIAL DECLARATION I hereby declare that to the best of my knowledge the particulars entered on this application are accurate. I enclose the charges payable on application in accordance with the Scheme of Charges (www.caa.co.uk/ors5). I agree to pay any additional charges which may become payable in respect of this application under the Scheme of Charges. Name of Applicant: Signature of Applicant: Date: Department: Contact Name:

CAA USE UNLY	Applicant's nam	e		Date of a	oplication
Department:			Contact Name:		
Job No:	Fol	o No:	CAA Account Numl	oer:	
Nominal Code:	Cos	t Centre:		Date received	l
If payment is received by o	cheque, attach a copy to	this application form	n.		
The sum of £	has be	en received by:			Date:
Amount paid by:	Cheque	Cash	Card	I	Bank Transfer*
£		. £	£	£	
* Receipt of Electronic Tra	nsfer to be verified by T	reasury.			
Cheque drawn against acc	ount of:				
Bank Account No: Sort Code:					
Is this part of a Company p	payment?	Yes No	If Yes - Tot	al amount paid	d:£
Amount to be deducted from NATS account: £					
Enclosures:					
Legal Entity Details					
Company – Date of incorporation of Company:					
If declaration is signed on behalf of a Company:					
is declaration signed by a Director or Company Secretary?					
if not, then does signatory have authority to sign?					
Individual – Identification Document Details e.g. Passport/Driving Licence.					
Type of identification:					
Signature on ID checked as	gainst Form Signature:		App	ropriately cert	ified:

Application for the Verification of Third Country ICAO Licences GUIDANCE NOTES



Please read these guidance notes before you complete the form.

GUIDANCE NOTE 1: Important Information

Due to the nature of this verification, we are unable to complete this service the same day at the public counter.

Please note that you may be required to meet additional requirements as set out by the National Aviation Authority (NAA) that issued your ICAO licence, in order for them to release your personal information to the UK CAA. You will need to be conversant of any additional time taken by the NAA to process such a request, and how this may impact your application.

The UK CAA will only accept the verification directly from the NAA that issues the ICAO licence, and it will remain valid for six months from the date of receipt. You will be required to apply to the UK CAA within this timeframe for any licence or rating desired on the appropriate application form(s); failure to do so will require you to apply for a subsequent verification, and the possible rejection of your licensing application.

If any of your ICAO licence or medical privileges relevant to your licensing application with the UK CAA are amended or change prior to the completion of this service, you will be required to obtain a subsequent verification confirming these changes.

GUIDANCE NOTE 2: Section 3, 4 and 5

Section 3 and 4: Please endorse each rating relevant to your application, i.e. those to be transferred to your UK CAA licence or being used as the basis for the revalidation of a UK CAA rating, on a separate line.

Your ICAO licence, medical and any rating(s) relevant to your application must be valid when applying for this verification, and at the time of applying for any subsequent licensing service on the basis of these privileges with the UK CAA.

In no circumstances can we accept an application where the ICAO licence and medical privileges have expired.

Section 5: Please provide the contact details for the department or person(s) at the competent authority that issued your ICAO licence, to whom the UK CAA can request verification of your licensing details.

GUIDANCE NOTE 3: Certifiers of ID

The following people can act as 'certifiers':

- Head of Training of an Approved Training Organisation.
- Head of Flight Standards of an organisation holding an Air Operator Certificate.

Instructions for the certifier of your ID document are as follows:

- 1. Insert on the copy to be enclosed with the application: 'I have seen the original document and I certify that this is a complete and accurate copy of the original'.
- 2. Insert signature and date.
- 3. Certifier's name must be printed in block capitals.
- 4. Must include position or capacity, e.g. Head of Approved Training Organisation.

GUIDANCE NOTE 4: Submission Instructions

Please send your completed application and supporting documentation (see Guidance Notes) to the following address:

Licensing and Training Standards, Licensing Support Aviation House Gatwick Airport South West Sussex RH6 0YR

Applications may also be emailed to fclweb@caa.co.uk - please include the application SRG number in the email subject field/title.

GUIDANCE NOTE 5: Supporting documentation required with the application				
Application	The original or a certified true copy of your valid Passport, EA/EU National Identity Card or full EU photographic Driving Licence.	The original or certified true copies of your third country ICAO licence and medical.	The original or certified true copies of the Certificate of Revalidation or logbook pages showing evidence of current rating(s) on your ICAO licence.	
Verification of a third country ICAO licence.	~	✓	√	

Payment Authorisation

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1.	APPLICANT DETAILS (The Applicant is	the person responsible for payment of CAA charges)
	Application for:	Dated:
	Original Applicant's Name:	
	Application Submission Number (ASN):	or, Application form number (i.e SRGxxxx)
	Registered Company or Trading Name: (applicable)
	Contact Telephone Number:	
2.	PAYMENT DETAILS	
	a) Payment type (please tick your	hosen method of payment).
	Visa Mastercard Debit	Card Cheque/Banker's Draft Bank Transfer Cash (max.£1000)
	The maximum single transaction using a	/isa/Mastercard or Debit Card is limited to £25,000.
		ers Club or JCB cards. Cash payments will only be accepted in person at Aviation House,
	Gatwick. Please do not send cash by pos	
	cheques shall be made payable to Civil cheque.	Aviation Authority'. Please write the CAA Application Form No. on the reverse of your
	National Westminster Bank plc	
	Bloomsbury Parr's Branch PO Box 158	Account Name: Civil Aviation Authority Account Number: 36029769
	214 High Holborn	Sort Code: 60-30-06
	London WC1V 7BX	Swift Code: NWBK GB 2L IBAN: GB90 NWBK 6030 0636 0297 69
	Please supply the following information:	IBAN. GB90 NWBN 0030 0030 0297 03
	Amount: £	BACS/CHAPS/ASN Reference*:
		truct your bankers to quote, i) in relation to an offline application, the CAA Application Form
		.e. SRGXXXX ddmmyyyyy) or ii) in relation to an online application, the Automatic
	Payer: Payers	Email: Date of Transfer:
	b) Card Details (for payment by Cred	it/Debit Card)
	Card number:	
	Expiry date: / Se	curity Code (last 3 digits on signature strip on reverse of card)
		, , , , , , , , , , , , , , , , , , ,
	Debit cards only:	
	Start date: /	Amount: £
	Issue No: (if applicable)	
	Name (as written on card):	
	,	(BLOCK CAPS)
	Full postal address of card holder:	
		Postcode:
	Card holder's signature:	
	-	
	Please tick box if paying with Company C	ard Company Name:

Do not send credit card details by email. If sending this form electronically, please leave this section blank and we will call you to confirm your card details at the time.