



APPLICATION FOR ORIGINAL PEL LICENSE [OTHER THAN FLIGHT CREWMEMBERS]

INSTRUCTIONS
Print or type. Do not write in areas with shaded titles. These are for GCAA use only. Submit original only to the Safety Regulations Department or a GCAA Authorized Person. If additional space is required, use an attachment

A. APPLICATION IS HEREBY MADE FOR			<input type="checkbox"/> ISSUANCE	<input type="checkbox"/> REISSUANCE	OF THE FOLLOWING GHANA PEL LICENSE:		
1 <input type="checkbox"/> FLIGHT DISPATCHER	4 <input type="checkbox"/> AIRCRAFT MAINTENANCE TECHNICIAN	7 <input type="checkbox"/> AVIATION REPAIR SPECIALIST					
2 <input type="checkbox"/> CABIN CREW MEMBER	5 <input type="checkbox"/> INSPECTION AUTHORIZATION	8 <input type="checkbox"/> RPAS					
3 <input type="checkbox"/> GROUND INSTRUCTOR	6 <input type="checkbox"/> PARACHUTE RIGGER	9 <input type="checkbox"/> AIR TRAFFIC CONTROLLER					

B. THE FOLLOWING RATING IS INVOLVED:	
1 <input type="checkbox"/> POWERPLANT	3 <input type="checkbox"/> SPECIALIZED.... ..(SPECIFY CLASS)→ _____
2 <input type="checkbox"/> AIRFRAME	4 <input type="checkbox"/> TYPE RATING..... ..(SPECIFY)→ _____

C. AIRMAN PERSONAL INFORMATION:					
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/+? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. HEIGHT	10. WEIGHT	11. HAIR	12. EYES	13. SEX	14. E-MAIL ADDRESS
					15. CASORT-PEL Entry

D. CURRENT AIRMAN LICENSE INFORMATION			
1. LICENSE NUMBER	2. STATE OF ISSUE	3. DATE ISSUED	4. RATING(S)

E. LICENSE OR RATING APPLIED FOR ON BASIS OF COMPLETION OF:	1. <input type="checkbox"/> EXPERIENCE	2. <input type="checkbox"/> WRITTEN TEST	3. <input type="checkbox"/> PRACTICAL TEST
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F. HAVE YOU FAILED A TEST FOR THIS LICENSE OR RATING?	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
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G. APPLICANT'S CERTIFICATION — 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 PEL license to me.	
<i>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...</i>	1. DATE
2. APPLICANT SIGNATURE:	

H. DESIGNATED EXAMINER'S OR AIRMAN CERTIFICATION REPRESENTATIVE REPORT			
1. <input type="checkbox"/> I have personally reviewed this applicant's experience and/or training records, and certify that the individual meets the pertinent requirements of GCAR Part 2 for the license or rating sought.			
2. <input type="checkbox"/> I have personally tested this applicant's knowledge and/or language proficiency.			
3. <input type="checkbox"/> I have personally conducted the practical test of this applicant in accordance with pertinent procedures and standards with the results indicated below.			
4. <input type="checkbox"/> Approved – License Issued	6. Location of Test		7. Duration
5. <input type="checkbox"/> Disapproved – Disapproval Notice Issued			
8. License or Rating for Which Tested		9. Date	10. Examiner's Signature (Sign)
11. License No.	12. Designation No.	13. Designation Expires	14. Examiner's Name (Print Name)

I. ATTACH APPLICANT PHOTO HERE (Passport Size)

J. ATTACHMENTS:			
1. <input type="checkbox"/> Language Proficiency Report	6. <input type="checkbox"/> Airman's Identification (ID)		
2. <input type="checkbox"/> Knowledge Test Report	7. _____ Form of ID	11. _____ Name	
3. <input type="checkbox"/> Practical Test Report	8. _____ Number	12. _____ Date of Birth	
4. <input type="checkbox"/> Notice of Disapproval	9. _____ Expiration Date	13. _____ License Number	
5. <input type="checkbox"/> Superseded Airman Certificate	10. _____ telephone Number	14. _____ E-Mail Address	

K. GCAA AUTHORIZED PERSON CERTIFICATION:			
<input type="checkbox"/> 1. THE LICENSE(S) WAS ISSUED I/AW PART 7 AND GCAA REQUIREMENTS:		<input type="checkbox"/> 2. THE LICENSE WAS NOT ISSUED	
3. DATE	4. TITLE OR DESIGNATION NUMBER	5. SIGNATURE	6. CASORT-PEL Entry: