


APPLICATION FOR THE VALIDATION OF A LICENCE		PHOTO 5X3		
ISSUED BY ANOTHER ICAO CONTRACTING STATE				
1. TYPE OF AIRCRAFT TO BE USED				
APPLICANTS IDENTIFICATION	A .NAME(SURNAME FIRST)		P.PERMANENT OR COMPANY ADDRESS _____ _____ _____ _____	
	B. DATE OF BIRTH(Day/Mo/Yr)	C. PLACE OF BIRTH		
	D..Personal Address			
	E. SEX <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	F.EMPLOYER		G. STAFF NUMBER
	H .NATIONALITY	I.PASSPORT NUMBER		
	J. PLACE OF ISSUE			
	K. DATE OF ISSUE	L. DATE OF EXPIRY		
2. VALIDATION APPLIED FOR ON BASIS OF FOREIGN LICENCE ISSUED BY :				
1. COUNTRY	2. TYPE	3. NUMBER		
4. RATING	5.DATE OF ISSUE	6. DATE OF EXPIRE		
3. APPLICANT'S CERTIFICATION: I CERTIFY THAT I MEET ALL PERTINENT REQUIREMENTS OF THE REGULATIONS FOR THE LICENCE OR RATINGS APPLIED FOR. I ALSO AGREE TO ABIDE BY THE PROVISIONS OF THE CIVIL AVIATION LAW OF OMAN AND THE REGULATIONS ISSUED THEREUNDER. DATE (Day/Mo./Yr.)		APPLICANT'S SIGNATURE: 		
4. REVERSE SIDE TO BE COMPLETED BY APPLICANT'S EMPLOYER				
DGCAR INSPECTOR'S REPORT				
<input type="checkbox"/> NOTICE OF DISAPPROVAL OF APPLICATION ISSUED		<input type="checkbox"/> VALIDATION ISSUED		
TO _____				
VIA _____				
VALIDATION NUMBER	DATE OF ISSUE (Day/Mo./Yr.)	DATE OF EXPIRY (Day/Mo./Yr.)		
DATE (Day/Mo./Yr.)	INSPECTOR'S SIGNATURE			

LIST OF REQUIRED ITEMS TO BE SUBMITTED WITH THIS APPLICATION

- TWO PHOTO 5X3 cms PHOTO COPY OF ORIGINAL LICENCE
 PHOTO COPY OF MEDICAL CERTIFICATE

4. I..... do hereby certify that
.....has been employed
to pilot our company aircraft(s).

We undertake to be wholly responsible for complying with all requirements regulations and instructions issued by DGCAR.

(SIGNATURE & STAMP OF
AUTHORISED COMPANY
REPRESENTATIVE)

DATE (Day/Mo./Yr.)

(TITLE)

COMPANY NAME :
COMPANY SPONSOR :
AOC/AOP NUMBER :
AOC/AOP EXPIRE DATE :