|  |  |
| --- | --- |
|  | Ձև 2Appendix 2 |
| **Application for Part-FCL Commercial Pilot Licence (CPL)**issued under the Air Crew Regulation | ՀՀ զինանշան**Civil Aviation Committee** |

*Airport “Zvartnots”, Yerevan 0042, Phone: +37410 280722 |web:* [*www.aviation.am*](http://www.aviation.am) *|e-mail:* *gdca@gdca.am*

|  |
| --- |
| ***Personal details:*** |
| *Name and surname:* |  |
| *Date and place of birth:* |  |
| *Nationality:* |  |
| *Address:* |  |
| *Postcode and place:* |  |
| *Country:* |  |
|  *Address of habitual residence:* |  |
|  *Workplace (Company)* |  |
| *Telephone Number:*  |  | *e-mail:* |  |
| *Other details:* |
| *I hold a licence (type and licence number):* |
|   *Date of passed skill test:* | *Type of aircraft:* |
|  *Language Level:* | *Valid until:*  |
| ***Declaration* (AMC1 ARA.GEN.315(a))** |
| *Under full civil and criminal liability, I declare:* |
| *I declare that the information provided on this form is true to the best of my knowledge and belief.* *I declare that I have never held any licence, rating certificate, or authorization issued in another ICAO Contracted State that was revoked or suspended.* |
|  *Applicant’s signature:* |  |
|  *Place and date:* |  |

|  |  |
| --- | --- |
| ***With the application form, the applicant must submit:*** | ***For Official*** ***Use only***  |
| 1. *Covering Letter from the company (if applicable)*
 |  |
| 1. *Application Form: duly filled & signed*
 |  |
| 1. *The skill test form*
 |  |
| 1. *Copy of Graduation Certificate from the ATO*
 |  |
| 1. *Copy of ATO Certificate (for foreign ATOs)*
 |  |
| 1. *Copy of medical certificate*
 |  |
| 1. *Copy of pilot's flight logbook (1st and the last three pages)*
 |  |
| 1. *Certificate of language proficiency*
 |  |
| 1. *Evidence of payment*
 |  |
| 1. *Copy of ID card or copy of passport*
 |  |
| 1. *Other documents on CAC request*
 |  |
| Applicant shall submit, except for CAC approved examiners:* Copy of Examiner`s certificate;
* Copy of Examiner`s pilot licence;
* Copy of the Examiner`s medical certificate;
* Copy of FSTD qualification certificate, if applicable.
 |  |

|  |
| --- |
| ***For Official Use Only***  |
|  Date of Receipt: |
|  Enclosures Checked by:  |
|  Application: Accepted: Rejected:  |
|  Remarks: |
|  Signature of the head of the PEL division or the Inspector:  |  Date: |

**Send the complete form to:**

*Civil Aviation Committee of the Republic of Armenia*

*Airport “Zvartnots”, Yerevan 0042*

*Email:* *gdca@gdca.am*

**It is important to send all the documents to avoid a delay in the issue of the licence.**

**Fee:** The applicable fee in the Law State Duty of RA has to be submitted with the application.

**Treasury Account Number** of the Ministry of Finance of the Republic of Armenia: 900005003448.

Please mention the service name when making payment.