

Certificates Category and/or Class Instrument Ground Instructor Instrument Instrumen	I. APPLICATION INFORMATION (Mark 'X' in all the blocks applicable to the certificate or rating for which you are applying)																		
Sport Spor						Ratings													
Private Commercial Ground Helicopter Calder C						Category and	d/or Class	Instru			Ground Instructor		☐ Initial				ncy Check		
A. Name (Last, First, Middle) B1. ID/IOAMA No. B2. Passport No. C. Date of Birth D. Place of Birth (City and Country) E1. Residential Address (Including City, Province, Postal Code, and Country) E2. Mailing Address (This address will be printed on the permanent airman certificate. If different than block E1.) E3. AUDI Sepecify if other E4. Height (cm) D. Place of Birth (City and Country) E5. Mailing Address (This address will be printed on the permanent airman certificate. If different than block E1.) E6. Residential Address (This address will be printed on the permanent airman certificate. If different than block E1.) E7. Citizenship SAUDI Sepecify if other E8. Mailing Address (This address will be printed on the permanent airman certificate. If different than block E1.) E8. Mailing Address (This address will be printed on the permanent airman certificate. If different than block E1.) E8. Mailing Address (This address will be printed on the permanent airman certificate. If different than block E1.) E8. Mailing Address (This address will be printed on the permanent airman certificate. If different than block E1.) E8. Mailing Address (This address will be printed on the permanent airman certificate. If address will be printed on the permanent airman certificate. If address will be printed on the permanent airman certificate. If a Mailing Address (This address will be printed on the permanent airman certificate. If a Mailing Address (This address will be printed on the permanent airman certificate. If a Mailing Address (This address will be printed on the permanent airman certificate. If a Mailing Address (This address will be printed on the permanent airman certificate. If a Mailing Address (This address will be printed on the permanent airman certificate. If a Mailing Address (This address will be printed on the permanent airman certificate. If a Mailing Address (This address will be printed on the permanent airman certificate. If a Mailing Address (This address will be printed on the permanent air	☐ Stude	nt 🗆 Sport	☐ Flight ☐ A			SE	☐ Balloon	☐ Airplan	ie	☐ Basic	☐ Basic		wal		□ Ме	dical Flight Test			
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N. Do you hold a Medical Certificate? Yes	M. Do you hold, or have you ever held a GACA certificate?					M1. Grade of Certificate				1	M2. Certificate Number					M3. Date Is	ssued		
O. Have you ever been convicted for violation of any statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? O1. Date of Final Conviction O2. Date of Final Conviction O3. Date of Final Conviction O3. Date of Final Conviction O4. Date of Final Conviction O5. Date of Final Conviction O6. Date of Final Conviction O7. Da		☐ Yes				□ No													
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Do not include alcohol offenses involving motor vehicle mode of transportation Yes II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF A. Completion of Test or Activity 1. Aircraft to be used (if flight test required) B. Military Competence or Experience 2. Date Rated in Military Competence or Experience 3. Rank or Grade & Service No. 4. List Military aircraft for which you have (IP) (make and model) 1. Training Agency or Training Center: 1a. Name 1b. Location (City and State) 1c. Certification Number 1d. Part 142 Yes		☐ Yes	[□ No															
Yes	O. Have	e you ever been co	nvicted for	violation of any	statute	es relating to narcotic drugs, marijuana, or depressant or stimulant d					ant drugs o	r substar	nces?	O1. Da	ate of	Final Conviction	on		
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C. Graduate of an approved Course																			
□ Approved Course □ Yes			1.Training	g Agency or Train	ing Cer	enter: 1a. Name				1b. Loc	ation (City a	nd State)	1c. Certif	Certification Number		1d. Part 142			
																	□ Yes		
		SPP.0104 004100																	

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	2. Curriculum From Which Graduated (Level, Category, and Class and/or Type Rating)												3. Da	3. Date								
				Country that Issued the Foreign Pilot License						2. (2. Grade of Foreign Pilot License					Foreign Pilot License Number						
	D. Holder of																					
	For	eign Lic	ense	4. Rating	4. Ratings Held on Foreign Pilot License (GACA equivalent only – e.g. ASEL, AMEL, Type Rating, etc.)																	
				1 Nama	of Air (Corrior								2 Data	Training B	ogon (A soomplish	od Troining [Drogram			
I_{\Box}		Carrier		1. Name of Air Carrier										Z. Date	Halling B	egan	3. Accomplished Training Program ☐ Initial ☐ Upgrade					
	Tra	ining Pro	ogram														☐ Transition ☐ Recurrent					
III.	RECO	RD OF	PILOT	TIME (o not w	rite in the shade	ed areas)															
			Instruction		PIC	Cross Country	Cross	Cross		Night	Night	Night	Night Take-			Number of						
		Total	Receive		and SIC	Instruction Received	Country Solo	Country PIC/SIC	Instrument	Instruction Received	Take-Off / Landing	PIC/SIC	Off/Landing PIC/SIC				Aero- Tows	Ground Launches	Powered Launches			
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All	piaries																					
Ro	torcraft																					
110	tororait																					
	wered																					
	Lift																					
	Slider																					
	ighter																					
In	an Air																					
	FFS																					
	FTD																					
P	CATD																					
IV.	Have	you pre	evious	ly failed	the p	ractical test	for the	certificat	e or rating	for whic	h you are	applyii	ng? 🗆 Ye	s 🗆 No	If Yes,	Enter date	of last disappro	val				
V. APPLICANT'S CERTIFICATION																						
I ce	ertify tha	t all stat	ements	and ansv	vers pr	ovided by me	on this ap							and I agre	ee that the	ey are to	be considere	ed as part of	f the basis			
									the issuance					5.11 12:								
				I und	erstand	that willful fall										audi Ara	DIa.					
Sig	nature o	of Applic	ant			r certify triat	copies of	aocument	s provided a	are true co	oles of oligi		ocuments which I have reviewed.									
- 19	Signature of Applicant																					



INSTRUCTOR ACTION													
☐ Flight Review		ficiency Check	commendation I have personally instructed the applicant and consider this person ready to take the test.										
Date	Certified Flig	ght Instructor	's Signature (Print Name and Sign)			ificate Num	nber	Certificate Expires					
			AIR AGE	NCY'S	RECOMMENDATIO	ON							
The applicant has succes	ssfully complet	ed our xxx co	ourse and is recommended for ce	rtificate o	r rating.								
Date	Agency Nar	ne and Numb	per				Official Si	gnature					
DESIGNATED EXAMINER REPORT													
☐ Student Pilot Certific	cate Issued (Co	py attached)											
☐ I have personally re	viewed this app	licant's pilot lo	gbook and/or training record, and I	certify tha	at the individual meets th	ne appl	licable requ	irements	of GACAR Part	t 61 for the ce	ertificate or rating sought.		
☐ I have personally re	viewed this app	licant's gradua	ation certificate, and found it to be a	ppropriate	e and in order, and have	ereturn	ned the certi	ificate.					
			cant in accordance with pertinent pr	ocedures									
			te Issued (Original Attached)			☐ Disa	approved –	Disappr	oval Notice Iss	ued (Original	Attached)		
Location of Test (Name of	of Facility or Ae	erodrome, Cit	y, Province)								Filmba		
Ground / Oral										FTD	Flight		
Certificate or Rating Being	a Applied For	(Grade Cate	gory, Class and/or Type Rating)	Type(s) of Aircraft Used			Pegistr	ation Marks				
Octimoate of Hating Bell	g Applica i oi	(Orade, Oate	gory, Glass and/or Type Rating)	Турс(з) of Allerant Ooca			rtegistre	ation marks				
Date Exa	aminer's Signa	ture (Print Na	me & Sign)	L	Certificate Number		Designa	ation Number		Designation Expires			
			EVALUATOR'S RECORD	/1 la a fa n	All ATD Contificato(C)	A in al / a	. Turne Deti	:: (- \\					
	Inspector	Examiner	EVALUATOR'S RECORD	<u> </u>	ure and Certificate Nur		r Type Rau	ing(s))			Date		
Oral	Пізресіої			Signati	ure and Certificate Nur	linei					Date		
	_												
Approved FFS/FTD Chec	ck 🗆												
Aircraft Flight Check													
					FETY INSPECTOR								
I have personally tested			with or have otherwise verified the								cessary requirements with		
the result indicated below. (The approved box need only checked if the Inspector is the one that issued the temporary airman certificate) Approved – Temporary Certificate Issued (Original Attached) Disapproved – Disapproval Notice Issued (Original Attached)													
Location of Test (Name of						_ DIS6	approved –	ыѕары		of Practical T			
Location of Foot (Name of	or radiity or re	FFS /		Flight									
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Certificate or Rating Bein	a Applied For	(Grade, Cate	gory, Class and/or Type Rating)	Type(s) of Aircraft Used			Registra	ation Marks				
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CERTIFICATION ACTIVITIES												
☐ Examiner's Reco	mmendation Pr	ovided/Reviewed	☐ Ground Instructor Certificate Issued				☐ Flight Instructor Certificate Issued					
☐ Accepte	d	☐ Rejected	☐ Basic		☐ Initial	☐ Renewal ☐ Reinsta						
☐ Student Pilot Ce	rtificate Issued		☐ Advance	ed			☐ Instructor Renewal Based On					
☐ Reissue or exch	ange of pilot, ce	rtificate	☐ Instrume	ent			☐ Activity		☐ Training Course			
☐ Change of name	, nationality, or	date of birth					☐ Test		☐ Duties and Responsibilit			
☐ SIC Type Rating	issued under G	ACAR § 61.19										
Training Course (FIF	RC) Name			Graduation Certificate Number				D	ate of FIRC G	raduation Certificate		
Date	Inspector's Sign	ature (Print Name & Sign)				Inspec	tor Credential No.	G	GACA Department			
Attachments		Airman's Identification (ID) (driver's license or passport recommended)			Applicant Information (required if printed on 2 pages)						
☐ Student Pilot Certif	icate (Copy)											
☐ ATP CTP Graduati	on Certificate	Form of ID				Name						
☐ Knowledge Test Re	eport											
☐ Temporary Airman	Certificate	ID Number				Date of Birth						
☐ Notice of Disappro	val											
☐ Superseded Airma	n Certificate	Expiration Date (must be v	/alid)		Certif	Certificate Number						
Telephone Number					E-Mail Address							
		DEMARKS from John Stern										
		REMARKS from Inspector	or Examiner									

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INSTRUCTIONS FOR COMPLETING THE APPLICATION

I. APPLICATION INFORMATION. Mark "X" in all appropriate blocks(s).

Note: Please enter all dates in eight digits as DD/MM/YYYY. Use numeric characters, (e.g. 01/01/2014).

Block A. Name. Enter full legal name (Last, First, Middle). If your full legal name is more than 50 characters, use no more than one middle name for record purposes. Do not change the name on subsequent applications unless it is done in accordance with GACAR Part 61.33. If you do not have a middle name, enter "NMN." If you have a middle initial only, indicate "Initial only," Indicate if you are a Jr., II, or III.

Block B1. ID/IQAMA Number. Enter either your 10-digit National Identification number or Residential Permit No., "None" if you are not a Saudi citizen and don't have Resident Permit (Iqama).

Block B2. Passport Number. Enter your Passport Number with any Letters in Uppercase character.

Block C. Date of Birth. Enter your date of birth in the following format: DD/MM/YYYY. Check for accuracy. Verify that DOB is the same as it is on the medical certificate.

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

Block E1. Residential Address. Enter your complete residential address. This must include street number, city, state, and postal code. If the applicant has a foreign address, the country must be stated. If a residential address does not exist, a map or written directions to the applicant's physical residence must be attached to the application. Verify that the numbers are not transposed.

Block E2. Mailing Address. If employed by a Company enter your Company mailing address or if not employed by a company enter your personal address, if different than block E1. This may be a residence, post office box, rural route, flight school address, personal mailbox (PMB), commercial address, or other mail drop location, as applicable. The address provided in block E2, if any, will be printed on the permanent airman certificate. If you want your airman certificate mailed to an address other than provided in blocks E1 or E2, you will need to provide instructions on a separate attachment or in the remarks section of the form.

Block F. Citizenship. Mark SAUDI if you are a SAUDI Citizen. If you are not a SAUDI citizen mark "Other" and enter the country where you are a legal citizen. To claim Dual Citizenship the applicant must present appropriate documentation of citizenship for each country.

Block G. ELP Level & Expiry Date Enter your ELP level as a number and the Expiry date (if applicable) in the following format: DD/MM/YYYY.

Block H. Height. Enter your height in centimeter.

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

Block J. Hair Color. Spell out the color of your hair. Choose from the following: bald, black, blond, brown, gray, red or white. If you wear a wig or toupee, enter the color of your hair under the wig or toupee.

Block K. Eye Color. Spell out the color of your eyes. Choose from the following: black, blue, brown, gray, green, or hazel.

Block L. Sex. Mark either Male or Female as appropriate.

Block M. Do You Hold or Have You Ever Held a GACA Pilot Certificate? Mark yes or no. (NOTE: A student pilot certificate is a pilot certificate.) If. Yes, complete Blocks M1, M2, and M3.

Block M1. Grade of Certificate. Enter the grade of the GACA pilot certificate you hold (i.e., Student, Sport, Private, Commercial, or ATP). DO NOT enter the flight instructor's certificate information.

Block M2. Certificate Number. Enter your current GACA certificate number as it appears on the pilot certificate.

Block M3. Date Issued. Enter the date your pilot certificate was last issued.

Block N. Do You Hold a Medical Certificate? Mark applicable boxes. If yes, complete blocks N1, N2, and N3.

Block N1. Class of Medical Certificate. Enter the class as shown on the medical certificate, (i.e., Class 1 or Class 2).

Block N2. Name of Medical Examiner. Enter the medical examiner's name as shown on your medical certificate.

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Block N3. Date Issued. Enter the date your medical certificate was issued.

Block O. Narcotics Drugs. Mark appropriate block. Only mark "Yes" if you have actually been convicted. If you have been charged with a violation which has not been adjudicated, mark "No." Do not include alcohol offenses involving a motor vehicle mode of transportation.

Block N2. Name of Medical Examiner. Enter the medical examiner's name as shown on your medical certificate.

Block O1. Date of Final Conviction. If block "N" was marked "Yes" provide the date of final conviction.

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF

Block A. Completion of Required Test.

1. Aircraft to be used. (If flight test required) - Enter the make and

model of each aircraft used or represented. If a flight simulation training device (FSTD) is used, indicate Level of Device(s).

2. Total time in this aircraft and/or approved full flight simulator (FFS) or flight training device (FTD) (Hrs.) – (2a) Enter the total Flight Time (2b) Enter Pilot-In-Command (PIC) Flight Time.

Block B. Military Competence or Experience. Enter your branch of service, date rated as a military pilot, and your rank or grade. In block 4a and 4b, enter the make and model of each military aircraft used to qualify (as appropriate).

Block C. Graduate of an Approved Course.

- 1. Name, Location, Certification Number of Training Agency/Center, as shown on the graduation certificate. Indicate if this was GACAR part 142 training
- 2. Curriculum from Which Graduated. Enter name of curriculum and level, category, and/or type rating, as applicable.
- 3. Date. Date of graduation from indicated course.

Note: Approved course graduate must also complete block A "Completion of Test or Activity," if the course is not part of an Air Agency or GACAR part 142 Training Center.

Block D. Holder of Foreign License.

- 1. Country that Issued the Foreign Pilot License.
- 2. Grade Of Foreign Pilot License (i.e. private, commercial, etc.).
- 3. Number. Number which appears on the foreign license.
- 4. Ratings. Enter the GACA equivalent only ratings that appear on the foreign license. Indicate the ratings as they will appear on the GACA Certificate (i.e. ASEL, AMEL, ROTORCRAFT HELICOPTER, CE-500, etc.).

Block E. Completion of Air Carrier's Training Program.

III. RECORD OF PILOT TIME. At a minimum, the applicant should complete the blocks applicable to the certificate or rating sought; however, it is recommended that all pilot time be entered. If decimal points are utilized, ensure that they are legible. Time entered in the "Class Totals" block should reflect time in aircraft class for the certificate or rating sought with this application. The time entered for an FFS, FTD, and/or ATD may be credited towards the total time in the category, class, and instrument time as permitted by the regulations. Add any Flight Engineer time used for ATP in the remarks section.

IV. HAVE YOU FAILED A PRACTICAL TEST FOR THIS CERTIFICATE OR RATING? Mark "Yes" or "No" as appropriate.

V. APPLICANT'S CERTIFICATION.

- A. Signature. Sign your name.
- B. Date. The date you signed the application.

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