

## PILOT CERTIFICATE AND/OR RATING APPLICATION

I. APPLICATION INFORMATION (Mark 'X' in all the blocks applicable to the certificate or rating for which you are applying)										
Certificates			Ratings			Other Information/Requests				
Pilot		Instructor	Category and/or Class		Instrument	Ground Instructor	Initial		Instrument Proficiency Check	
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight	<input type="checkbox"/> ASE	<input type="checkbox"/> Balloon	<input type="checkbox"/> Airplane	<input type="checkbox"/> Basic	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> Instrument Proficiency Check	
<input type="checkbox"/> Private	<input type="checkbox"/> Commercial	<input type="checkbox"/> Ground	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Land	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Advanced	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Medical Flight Test	<input type="checkbox"/> Medical Flight Test	
	<input type="checkbox"/> ATP		<input type="checkbox"/> Gyroplane	<input type="checkbox"/> Glider		<input type="checkbox"/> Instrument	<input type="checkbox"/> Reexamination	<input type="checkbox"/> Limitation Removal	<input type="checkbox"/> IPL	
							<input type="checkbox"/> Reissuance	<input type="checkbox"/> Flight Review		
			<input type="checkbox"/> Added Rating			Specify if other				
Type rating										
A. Name (Last, First, Middle)			B1. ID/IQAMA 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.)			F. Citizenship		G. ELP level & Expiry Date		
						<input type="checkbox"/> SAUDI <input type="checkbox"/> Other				
						Specify if other				
						H. Height (cm)		I. Weight (kg)	J. Hair Color	K. Eye Color
						<input type="checkbox"/> Male <input type="checkbox"/> Female				
M. Do you hold, or have you ever held a GACA certificate?			M1. Grade of Certificate		M2. Certificate Number		M3. Date Issued			
<input type="checkbox"/> Yes <input type="checkbox"/> No										
N. Do you hold a Medical Certificate?			N1. Class of Medical Certificate		N2. Name of Medical Examiner		N3. Date Issued			
<input type="checkbox"/> Yes <input type="checkbox"/> No										
O. Have you ever been convicted for violation of any statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? Do not include alcohol offenses involving motor vehicle mode of transportation							O1. Date of Final Conviction			
<input type="checkbox"/> Yes <input type="checkbox"/> No										
II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF										
<input type="checkbox"/>	A. Completion of Test or Activity	1. Aircraft to be used (If flight test required)		2. Total time in this aircraft and/ or approved FFS or FTD (hours)		a. Flight Time		b. As Pilot-in- Command		
<input type="checkbox"/>	B. Military Competence or Experience	1. Military Service			2. Date Rated in Military		3. Rank or Grade & Service No.			
<input type="checkbox"/>	C. Graduate of an approved Course	4. List Military aircraft for which you have		a. Logged pilot time or provided flight instruction (IP) (make and model)		b. Passed an Instrument Proficiency Check (Pilot or CFI) - (make and model)				
<input type="checkbox"/>	C. Graduate of an approved Course	1. Training Agency or Training Center:		1a. Name		1b. Location (City and State)		1c. Certification Number		
								1d. Part 142		
								<input type="checkbox"/> Yes <input type="checkbox"/> No		

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		2. Curriculum From Which Graduated (Level, Category, and Class and/or Type Rating)												3. Date				
<input type="checkbox"/>	D. Holder of Foreign License	1. Country that Issued the Foreign Pilot License				2. Grade of Foreign Pilot License				3. Foreign Pilot License Number								
		4. Ratings Held on Foreign Pilot License (GACA equivalent only – e.g. ASEL, AMEL, Type Rating, etc.)																
<input type="checkbox"/>	E. Air Carrier Training Program	1. Name of Air Carrier								2. Date Training Began		3. Accomplished Training Program						
												<input type="checkbox"/> Initial <input type="checkbox"/> Upgrade <input type="checkbox"/> Transition <input type="checkbox"/> Recurrent						
<b>III. RECORD OF PILOT TIME</b> (Do not write in the shaded areas)																		
															Number of			
	Total	Instruction Received	Solo	PIC and SIC	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC/SIC	Instrument	Night Instruction Received	Night Take-Off / Landing	Night PIC/SIC	Night Take-Off/Landing PIC/SIC	Class Totals		Flights	Aero- Tows	Ground Launches	Powered Launches
Airplanes																		
Rotorcraft																		
Powered Lift																		
Glider																		
Lighter Than Air																		
FFS																		
FTD																		
PCATD																		
<b>IV. Have you previously failed the practical test for the certificate or rating for which you are applying?</b>														<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Enter date of last disapproval		
<b>V. APPLICANT'S CERTIFICATION</b>																		
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 the issuance of any GACA certificate to me. I understand that willful false statements made on this form may result in legal action under the laws of the Kingdom of Saudi Arabia. I certify that copies of documents provided are true copies of original documents which I have reviewed.																		
Signature of Applicant												Date						

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INSTRUCTOR ACTION				
<input type="checkbox"/> Flight Review		<input type="checkbox"/> Instrument Proficiency Check		<input type="checkbox"/> Recommendation I have personally instructed the applicant and consider this person ready to take the test.
Date	Certified Flight Instructor's Signature (Print Name and Sign)		Certificate Number	Certificate Expires
AIR AGENCY'S RECOMMENDATION				
The applicant has successfully completed our xxx course and is recommended for certificate or rating.				
Date	Agency Name and Number		Official Signature	
DESIGNATED EXAMINER REPORT				
<input type="checkbox"/>	Student Pilot Certificate Issued (Copy attached)			
<input type="checkbox"/>	I have personally reviewed this applicant's pilot logbook and/or training record, and I certify that the individual meets the applicable requirements of GACAR Part 61 for the certificate or rating sought.			
<input type="checkbox"/>	I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate.			
<input type="checkbox"/>	I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.			
<input type="checkbox"/> Approved – Temporary Certificate Issued (Original Attached)			<input type="checkbox"/> Disapproved – Disapproval Notice Issued (Original Attached)	
Location of Test (Name of Facility or Aerodrome, City, Province)			Duration of Test	
			Ground / Oral	FFS / FTD
				Flight
Certificate or Rating Being Applied For (Grade, Category, Class and/or Type Rating)			Type(s) of Aircraft Used	Registration Marks
Date	Examiner's Signature (Print Name & Sign)		Certificate Number	Designation Number
EVALUATOR'S RECORD (Use for All ATP Certificate(S) And/or Type Rating(s))				
	Inspector	Examiner	Signature and Certificate Number	
Oral	<input type="checkbox"/>	<input type="checkbox"/>		
Approved FFS/FTD Check	<input type="checkbox"/>	<input type="checkbox"/>		
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>		
AVIATION SAFETY INSPECTOR				
I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below. (The approved box need only checked if the Inspector is the one that issued the temporary airman certificate)				
<input type="checkbox"/> Approved – Temporary Certificate Issued (Original Attached)			<input type="checkbox"/> Disapproved – Disapproval Notice Issued (Original Attached)	
Location of Test (Name of Facility or Aerodrome, City, Province)			Duration of Practical Test	
			Ground / Oral	FFS / FTD
				Flight
Certificate or Rating Being Applied For (Grade, Category, Class and/or Type Rating)			Type(s) of Aircraft Used	Registration Marks

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CERTIFICATION ACTIVITIES			
<input type="checkbox"/> <b>Examiner's Recommendation Provided/Reviewed</b>		<input type="checkbox"/> <b>Ground Instructor Certificate Issued</b>	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Instrument	
<input type="checkbox"/> <b>Student Pilot Certificate Issued</b>		<input type="checkbox"/> <b>Flight Instructor Certificate Issued</b>	
<input type="checkbox"/> <b>Reissue or exchange of pilot, certificate</b>		<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement	
<input type="checkbox"/> <b>Change of name, nationality, or date of birth</b>		<input type="checkbox"/> <b>Instructor Renewal Based On</b>	
<input type="checkbox"/> <b>SIC Type Rating issued under GACAR § 61.19</b>		<input type="checkbox"/> Activity <input type="checkbox"/> Training Course	
		<input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities	
Training Course (FIRC) Name		Graduation Certificate Number	
		Date of FIRC Graduation Certificate	
Date	Inspector's Signature (Print Name & Sign)		GACA Department
<b>Attachments</b>		<b>Airman's Identification (ID) (driver's license or passport recommended)</b>	
<input type="checkbox"/> Student Pilot Certificate (Copy)		Applicant Information (required if printed on 2 pages)	
<input type="checkbox"/> ATP CTP Graduation Certificate		Name	
<input type="checkbox"/> Knowledge Test Report		Date of Birth	
<input type="checkbox"/> Temporary Airman Certificate		ID Number	
<input type="checkbox"/> Notice of Disapproval		Expiration Date (must be valid)	
<input type="checkbox"/> Superseded Airman Certificate		Certificate Number	
		Telephone Number	
		E-Mail Address	
		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.