

## AIRMAN CERTIFICATE AND/OR RATING APPLICATION

|  |    |                                  |   |  |                       |  |                                    |   |               |  |
|--|----|----------------------------------|---|--|-----------------------|--|------------------------------------|---|---------------|--|
| <b>I. APPLICATION INFORMATION</b>  |    |                                  |   |  |                       | GACA Certificate No.   |                                    | PHOTO<br>3 x 3 cm<br>White background with no head cover. |               |  |
| <input type="checkbox"/> Initial   |    | <input type="checkbox"/> Renewal |   | <input type="checkbox"/> Additional Rating               |                       |  |                                    |   |               |  |
| <input type="checkbox"/> Reissuance Reason:  |    |                                  |   |  |                       |  |                                    |   |               |  |
| <input type="checkbox"/> MECHANIC<br><input type="checkbox"/> AIRFRAME<br><input type="checkbox"/> POWERPLANT  |    |                                  |   | <input type="checkbox"/> REPAIRMAN<br>(Specify Rating)   |                       |  |                                    |   |               |  |
| A. Name (First, Middle, Last)  |    |                                  | B. Saudi ID/Iqama No.                           |  | C. Passport No.       |  | D. Date of Birth                   |   |               |  |
| E. Address   |    |                                  |   |  |                       | F. Place of Birth  |                                    | G. Country of Citizenship                                 |               |  |
| Street   |    | House                            |   |  |                       |  |                                    |   |               |  |
| City   |    | State/Province                   |   |  |                       |  |                                    |   |               |  |
| Country  |    | Postal Code                      |   |  |                       |  |                                    |   |               |  |
| Phone (Land)   |    | Mobile                           |   |  |                       |  |                                    |   |               |  |
| Email  |    |                                  |   |  |                       |  |                                    |   |               |  |
| N. Do you now hold, or have you ever held a GACA Airman Certificate?   |    |                                  |   | O. Type of Certificate                                   |                       | P. Certificate Number  |                                    | Q. Issue Date   |               |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |    |                                  |   |  |                       |  |                                    |   |               |  |
| S. Have you ever had an Airman certificate suspended or revoked?   |    |                                  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       | (If "Yes" explain below. Continue on a separate sheet, if more space needed) |                                    |   |               |  |
| T. Have you ever been convicted for violation of any statutes related to psychoactive substances?  |    |                                  |   |  |                       |  |                                    | U. Date of Final Conviction                               |               |  |
| <b>II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF</b>   |    |                                  |   |  |                       |  |                                    |   |               |  |
| <input type="checkbox"/> A. Civil Experience   |    |                                  | <input type="checkbox"/> B. Military Experience |  |                       | <input type="checkbox"/> C. Letter of Recommendation for Repairman           |                                    |   |               |  |
| <input type="checkbox"/> D. Graduate of Approved School  |    |                                  | 1. School Name                                  |  |                       | 2. School Location   |                                    |   |               |  |
|  |    |                                  | 3. School No.                                   |  |                       | 4. Curriculum from which graduated   |                                    | 5. Graduation Date  |               |  |
|  |    |                                  |   |  |                       |  |                                    |   |               |  |
| <input type="checkbox"/> E. Student has made satisfactory progress and is recommended to take the Oral/Practical test (GACA/GACAR 66.67)   |    |                                  | 1. School Name                                  |  |                       | 2. School Location   |                                    |   |               |  |
|  |    |                                  | 3. School No.                                   |  |                       | 4. School Official Name / Signature  |                                    |   |               |  |
|  |    |                                  |   |  |                       |  |                                    |   |               |  |
| <input type="checkbox"/> F. Special Authorization to take Mechanic's Oral/Practical test (GACA/GACAR 66.67)  |    |                                  | 1. Date Auth.                                   |  | 2. Date Auth. Expires |  | 3. GACA Inspector Name / Signature |   |               |  |
|  |    |                                  |   |  |                       |  |                                    |   |               |  |
|  |    |                                  |   |  |                       |  |                                    |   |               |  |
| <input type="checkbox"/> G. Holder of Foreign License/Certificate  |    |                                  | 1. Country                                      |  | 2. Type of License    |  | 3. Number                          |   | 4. Issue Date |  |
|  |    |                                  | 5. Expiry Date                                  |  |                       |  |                                    |   |               |  |
|  |    |                                  | 6. Ratings                                      |  |                       | 7. Limitation  |                                    |   |               |  |
| <b>III. RECORD OF WORK EXPERIENCE AND TRAINING</b>   |    |                                  |   |  |                       |  |                                    |   |               |  |
| A. Military Competence Obtained In   |    |                                  | (1) Service                                     |  | (2) Rank Or Pay Level |  | (3) Military Specialty Code        |   |               |  |
|  |    |                                  |   |  |                       |  |                                    |   |               |  |
| B. Applicants Other Than GACA Certificated School Graduates. List Experience And Training Related To Certificate And Rating Applied For. Continue On A Separate Sheet, If More Space Needed).  |    |                                  |   |  |                       |  |                                    |   |               |  |
| Dates (Month And Year)   |    | Type Work Performed              |   |  |                       | Employer   |                                    | Location  |               |  |
| From   | To |                                  |   |  |                       |  |                                    |   |               |  |
|  |    |                                  |   |  |                       |  |                                    |   |               |  |
|  |    |                                  |   |  |                       |  |                                    |   |               |  |
| Dates (Month And Year)   |    | Aviation Training                |   |  |                       | Organization   |                                    | Location  |               |  |
| From   | To |                                  |   |  |                       |  |                                    |   |               |  |
|  |    |                                  |   |  |                       |  |                                    |   |               |  |
|  |    |                                  |   |  |                       |  |                                    |   |               |  |
| IV. Have you failed a test for this certificate or rating? <input type="checkbox"/> Yes <input type="checkbox"/> No  |    |                                  |   |  |                       |  |                                    |   |               |  |
| <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 my 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. |    |                                  |   |  |                       |  |                                    |   |               |  |
| Name   |    |                                  | Signature                                       |  |                       | Date   |                                    |   |               |  |
|  |    |                                  |   |  |                       |  |                                    |   |               |  |
| <b>VI. EMPLOYER/SPONSOR</b>  |    |                                  |   |  |                       |  |                                    |   |               |  |
| Address  |    |                                  |   |  |                       |  |                                    |   |               |  |
| Email  |    |                                  | Tel No.   |  |                       |  |                                    |   |               |  |
| Name   |    |                                  | Title   |  |                       |  |                                    |   |               |  |
| Signature  |    |                                  | Official Seal                                   |  |                       |  |                                    |   |               |  |
| <b>VII. I FIND THIS APPLICANT MEETS THE REQUIREMENTS OF GACA/FAR 65 AND IT IS ELIGIBLE TO TAKE THE REQUIRED TESTS</b>  |    |                                  |   |  |                       |  |                                    |   |               |  |
| Date   |    | Inspector Name                   |   |  | Inspector No.         |  | Inspector Signature                |   |               |  |
|  |    |                                  |   |  |                       |  |                                    |   |               |  |

## AIRMAN CERTIFICATE AND/OR RATING APPLICATION

| RESULTS OF KNOWLEDGE TESTS   |   |  |  |                               |  |  |                                 |                              |      | REMARKS                     |
|--|---|--|--|-------------------------------|--|--|---------------------------------|------------------------------|------|-----------------------------|
| GENERAL  |   |  | AIRFRAME   |                               |  | POWERPLANT   |                                 |                              |      |                             |
| Date   |   |  | Date   |                               |  | Date   |                                 |                              |      |                             |
| Take   |   |  | Take   |                               |  | Take   |                                 |                              |      |                             |
| Score  |   |  | Score  |                               |  | Score  |                                 |                              |      |                             |
| RESULTS OF ORAL AND PRACTICAL TESTS  |   |  |  |                               |  |  |                                 |                              |      |                             |
| MECHANIC   |   |  |  |                               |  |  |                                 |                              |      |                             |
| I. GENERAL - Airframe and Powerplant   |   |  |  |                               |  |  |                                 |                              |      |                             |
| ORAL TEST  | <input type="checkbox"/> PASS                   | Expiration Date                              |  | <input type="checkbox"/> FAIL |  |  |                                 |                              |      |                             |
| QUES. NO.  |   |  |  |                               |  |  |                                 |                              |      |                             |
| PRACTICAL TEST   | <input type="checkbox"/> PASS                   | Expiration Date                              |  | <input type="checkbox"/> FAIL |  |  |                                 |                              |      |                             |
| PROJECT NO.  |   |  |  |                               |  |  |                                 |                              |      |                             |
| II. AIRFRAME STRUCTURES  |   |  |  |                               |  |  |                                 |                              |      |                             |
| ORAL TEST  | <input type="checkbox"/> PASS                   | Expiration Date                              |  | <input type="checkbox"/> FAIL |  |  |                                 |                              |      |                             |
| QUES. NO.  |   |  |  |                               |  |  |                                 |                              |      |                             |
| PRACTICAL TEST   | <input type="checkbox"/> PASS                   | Expiration Date                              |  | <input type="checkbox"/> FAIL |  |  |                                 |                              |      |                             |
| PROJECT NO.  |   |  |  |                               |  |  |                                 |                              |      |                             |
| III. AIRFRAME SYSTEMS AND COMPONENTS   |   |  |  |                               |  |  |                                 |                              |      |                             |
| ORAL TEST  | <input type="checkbox"/> PASS                   | Expiration Date                              |  | <input type="checkbox"/> FAIL |  |  |                                 |                              |      |                             |
| QUES. NO.  |   |  |  |                               |  |  |                                 |                              |      |                             |
| PRACTICAL TEST   | <input type="checkbox"/> PASS                   | Expiration Date                              |  | <input type="checkbox"/> FAIL |  |  |                                 |                              |      |                             |
| PROJECT NO.  |   |  |  |                               |  |  |                                 |                              |      |                             |
| IV. POWERPLANT THEORY AND MAINTENANCE  |   |  |  |                               |  |  |                                 |                              |      |                             |
| ORAL TEST  | <input type="checkbox"/> PASS                   | Expiration Date                              |  | <input type="checkbox"/> FAIL |  |  |                                 |                              |      |                             |
| QUES. NO.  |   |  |  |                               |  |  |                                 |                              |      |                             |
| PRACTICAL TEST   | <input type="checkbox"/> PASS                   | Expiration Date                              |  | <input type="checkbox"/> FAIL |  |  |                                 |                              |      |                             |
| PROJECT NO.  |   |  |  |                               |  |  |                                 |                              |      |                             |
| V. POWERPLANT SYSTEMS AND COMPONENTS   |   |  |  |                               |  |  |                                 |                              |      |                             |
| ORAL TEST  | <input type="checkbox"/> PASS                   | Expiration Date                              |  | <input type="checkbox"/> FAIL |  |  |                                 |                              |      |                             |
| QUES. NO.  |   |  |  |                               |  |  |                                 |                              |      |                             |
| PRACTICAL TEST   | <input type="checkbox"/> PASS                   | Expiration Date                              |  | <input type="checkbox"/> FAIL |  |  |                                 |                              |      |                             |
| PROJECT NO.  |   |  |  |                               |  |  |                                 |                              |      |                             |
| AIRMAN'S IDENTIFICATION  |   |  |  |                               |  |  |                                 |                              |      |                             |
| Form of ID   |   |  |  | Date of Birth                 |  |  |                                 | Email Address                |      |                             |
| ID Number  |   |  |  | Expiration Date               |  |  |                                 | Telephone Number             |      |                             |
| DESIGNATED EXAMINER'S REPORT   |   |  |  |                               |  |  |                                 |                              |      |                             |
| I have personally tested this applicant in accordance with pertinent procedures and standards, and I have indicated the result as: |   |  |  |                               |  |  |                                 |                              |      |                             |
| <input type="checkbox"/> APPROVED (Temporary Certificate Issued)   |   |  | <input type="checkbox"/> APPROVED (Temporary Certificate NOT Issued)                       |                               |  | <input type="checkbox"/> DISAPPROVED   |                                 |                              |      |                             |
| Attachments  | <input type="checkbox"/> Report Of Written Test |  | <input type="checkbox"/> Superseded Certificate  |                               | <input type="checkbox"/> Temporary Certificate |  | <input type="checkbox"/> Letter |                              |      |                             |
| Date Test Completed  | Examiner's Name                                 |  |  |                               | Signature                                      |  |                                 | Designation No.              |      |                             |
|  |   |  |  |                               |  |  |                                 |                              |      |                             |
| APPLICANT'S CERTIFICATION  |   |  |  |                               |  |  |                                 |                              |      |                             |
| This Block Must Be Completed By The Applicant At The Time Of Issuance Of Temporary Certificate                                     |   |  |  |                               |  |  |                                 |                              |      |                             |
| Have You Ever Had An Airman Certificate Suspended or Revoked?  |   |  |  |                               |  |  |                                 | <input type="checkbox"/> Yes |      | <input type="checkbox"/> No |
| Have You Ever Been Convicted For Violation Of Any Statutes Related To Psychoactive Substances?                                     |   |  |  |                               |  |  |                                 | <input type="checkbox"/> Yes |      | <input type="checkbox"/> No |
| Date of Final Conviction   |   | I Certify That The Statements By Me Are True |  |                               |  | Signature  |                                 |                              | Date |                             |
|  |   |  |  |                               |  |  |                                 |                              |      |                             |
| GACA INSPECTOR'S REPORT  |   |  |  |                               |  |  |                                 |                              |      |                             |
| I Have Personally  |   |  |  |                               |  | With The Indicated Result  |                                 |                              |      |                             |
| <input type="checkbox"/> Examined This Applicant's Papers  |   |  |  |                               |  | <input type="checkbox"/> APPROVED  |                                 |                              |      |                             |
| <input type="checkbox"/> Tested This Applicant In Accordance With Pertinent Procedures And Standards                               |   |  |  |                               |  | <input type="checkbox"/> DISAPPROVED   |                                 |                              |      |                             |
| Date   | Inspector's Signature                           |  |  | Inspector Name (Print Name)   |  |  |                                 | Inspector Number             |      |                             |
|  |   |  |  |                               |  |  |                                 |                              |      |                             |
| FILE ATTACHMENTS AS APPLICABLE   |   |  |  |                               |  |  |                                 |                              |      |                             |
| <input type="checkbox"/> Copy - Foreign License/Certificate (if applicable)  |   |  | <input type="checkbox"/> Copy/original Knowledge Test Report(s) (as applicable)            |                               |  | <input type="checkbox"/> Copy - GACA Airman Certificate (if applicable)      |                                 |                              |      |                             |
| <input type="checkbox"/> Copy - Airman ID  |   |  | <input type="checkbox"/> Evidence of required Experience (if applicable)                   |                               |  | <input type="checkbox"/> Copy - Temporary Airman Certificate (if applicable) |                                 |                              |      |                             |
| <input type="checkbox"/> Copy - Valid Airman Passport  |   |  | <input type="checkbox"/> Copy - Official Course Completion Certificate (s) (if applicable) |                               |  | <input type="checkbox"/> Superseded Airman Certificate (if applicable)       |                                 |                              |      |                             |
| <input type="checkbox"/> Copy - Official Receipt of Payment (if applicable)  |   |  | <input type="checkbox"/> Copy - Prior Employment verification (if applicable)              |                               |  | <input type="checkbox"/> Evidence of required Training (if applicable)       |                                 |                              |      |                             |