



Application for Issue of Pilot's Licence

Mark the type of license you are applying for:

- Private Pilot / Helicopter Commercial Pilot / Helicopter ALTP Pilot / Helicopter
Private Pilot / Fixed Wing Commercial Pilot / Fixed Wing ALTP Pilot / Fixed Wing

1. Personal Particulars:

Name in Full	
Place And Date of Birth	
Nationality	
Permanent Address	
Name and Address of Present Employer	
Telephone / Mobile No.	

2. Foreign Licence Particulars:

Issuing Authority	
Licence Type	
Licence Number	
Date of Initial Issue	
Date up to Which Valid	
Types of an Aircraft Included	
Do You Hold Assistant Instructor / Instructor Rating? If Yes, State Date of Your Last Check	
Do You Hold Instrument Rating? If Yes, State Date of Your Last Check	

3. Academic Qualification:

Educational / Technical Institutes	Courses Studied	Examinations Passed	Certificates, Diplomas, Degrees Obtained	Dates	
				From	To

4. Flying and Professional Qualification:

Educational / Technical Institutes	Courses Studied	Examinations Passed	Certificates, Diplomas, Degrees Licences Obtained	Dates	
				From	To

5. Professional Experience (General)

Organisation	Position Held	Aircraft Types Flown Include Hours on Each	Dates	
			From	To

6. Flying Experience:

Aircraft types	Hours Flown							
	By Day				By Night			
	Dual		Solo		Dual		Solo	
	General	Cross Country	General	Cross Country	General	Cross Country	General	Cross Country
Total								
Grand Total								

7. Medical:

Date of medical check conducted by an approved examiner: - (Medical certification enclosed).

I hereby declare that the particulars given by me in section 1 to 6 of this form are true in every respect and had nothing has been concealed or withheld by me. I request that an Iraqi pilot’s licence be issued to me.

I am prepared to appear for the necessary examinations for which the appropriate fees as specified in the Iraqi Civil Aviation Law have been paid to the Accounts Section of the “ICAA”. The receipt is enclosed. I shall pay the fees for the issue of the licence after passing the examination.

Applicant's Signature: Date:/...../.....

Enclosures:-

1. Medical certificate.
2. Examination fees as applicable and specified in the Iraqi Civil Aviation Law.
3. Two recent photographs.