

Please read the Guidance Notes overleaf before completing this form.

1. LICENSEE DETAILS

| | |
|--|---|
| Application Type (tick one): Initial: <input type="checkbox"/> Renewal: <input type="checkbox"/> | Capacity (tick one): P1 (Captain): <input type="checkbox"/> P2 (First Officer): <input type="checkbox"/> |
| Individual in whose name licence issued: First / Given Names: <input style="width:100%;" type="text"/> Last / Family Name: <input style="width:100%;" type="text"/> Telephone No: <input style="width:50%;" type="text"/> Mobile No: <input style="width:50%;" type="text"/> E-mail Address: <input style="width:100%;" type="text"/> | |

2. LICENCE INFORMATION

| | |
|-------------------|---|
| State of Issue: | <input style="width:80%;" type="text"/> |
| Class of Licence: | <input style="width:20%;" type="text"/> Licence No: <input style="width:80%;" type="text"/> |

3. AIRCRAFT, PRIVILEGES & OPERATOR APPROVAL

| | |
|---|---|
| Aircraft Registration & Type: <input style="width:95%;" type="text"/> | Operator: <input style="width:95%;" type="text"/> |
| *Privileges required: CAT II CAT IIIA CAT IIIB EVS/HUD** <small>(relevant training record to be provided as stated in section 4).</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| * Aircraft must hold the relevant approval ** To conduct approaches using EVS/HUD to descend below DH/MDH minima. | |
| Submitted on behalf of the Operator by (Name): | <input style="width:100%;" type="text"/> |
| Date of Application: | <input style="width:100%;" type="text"/> |
| <i>I confirm I am acting on behalf of the Operator and accept responsibility for the applicable fees (tick):</i> <input type="checkbox"/> | |

4. PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTS:

| | |
|--|--|
| <input type="checkbox"/> | Current and signed valid Flight Crew Licence including appropriate type rating or class rating; |
| <input type="checkbox"/> | Current and signed valid Medical Certificate; |
| <input type="checkbox"/> | Aircraft Proficiency and Instrument Currency; |
| <input type="checkbox"/> | Current Flight Radiotelephony Operators Licence or a Restricted Radiotelephone Operator Permit; |
| <input type="checkbox"/> | Copy of appropriate training certificates for AWOPS approach and landing and EVS-HUD, if applicable (relevant pages only). |
| To ensure the issue of your validation is not delayed, please submit the paperwork as soon as possible and allow a minimum of two working days for the processing and issue of your Flight Crew Licence Validation. | |

Please submit your application and supporting documents to aircraft@gov.im, referencing the aircraft registration and Operator in the subject line of the email.

Guidance Notes for the completion of this application form

- 1 The relevant legislation relating to this validation application is Articles 42 and 43 of The Air Navigation (Isle of Man) Order 2015 as amended.
- 2 Please complete either electronically or in block capitals using black or dark blue ink.
- 3 Submit readable copies of the relevant documents listed in section 4 for both initial and renewal applications.
- 4 Please ensure that documents are fully completed and signed where applicable.
- 5 A copy of the issued validation will be sent to the applicant and operator contact and the FOR as per the submitted Form 20.
- 6 All validations are issued in electronic format only and are valid for 3 years.
- 7 Charges for the validation will be raised to the billing party for the aircraft.
- 8 Any information supplied on this form may be provided to other regulatory authorities and/or external agencies at their request.
- 9 Flight crew licence validations issued by the Isle of Man Aircraft Registry do not exempt the licence holder from the need to comply with any separate requirements and/or validations which may be required by the State of Operator.