

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"/> *Transfer: <input type="checkbox"/>	Capacity (tick one): P1 (Captain): <input type="checkbox"/> P2 (First Officer): <input type="checkbox"/>
*Registration Marks for Transfer of validations to TCROS: <input style="width:100%;" type="text"/>	
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:100%;" type="text"/> Mobile No: <input style="width:100%;" type="text"/> E-mail Address: <input style="width:100%;" type="text"/>	

2. LICENCE INFORMATION

State of Issue:	<input style="width:100%;" type="text"/>
Class of Licence:	<input style="width:200px;" type="text"/> Licence No: <input style="width:200px;" type="text"/>

3. TYPE/CLASS RATINGS, PRIVILEGES & OPERATOR APPROVAL

Type/Class Ratings: <input style="width:250px;" type="text"/>	Operator: <input style="width:250px;" type="text"/>
Privileges required:	CAT II CAT IIIA CAT IIIB EVS/HUD* <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<small>(relevant training record to be provided as stated in section 4).</small>	
<small>* To conduct approaches using EVS/HUD to descend below DH/MDH minima.</small>	
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 style="float:right;" 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 type(s) 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 operator unless requested otherwise.
- 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.