

Place for
picture
3,5 X
4,5cm

Submission of flight crew members for issuance of a licence

_____ *(type of licence)*

_____ *(surname, name patronymic (if any))*

Position held: _____

Subdivision: _____

Date of birth: _____

General education: _____

Special education and recent retraining: _____

_____ *(name of educational institution, courses, month, year of graduation)*

Holds a medical certificate of the appropriate class: _____

Type(s) of aircraft: _____

Grand total hours: _____ of them at night: _____

Independent flying hours: _____ of them at night: _____

Independent flying by aircraft type: _____

Assigned weather minimums: _____

Presence of aviation accidents: _____

_____ *(nature, type of aircraft, date)*

CONCLUSION: by his/her moral and business qualities is worthy of _____

Examiner: _____

*(surname, name,
patronymic (if any))*

(signature)

(date)

Applicant: _____

*(surname, name,
patronymic (if any))*

(signature)

(date)