

Submission for other aviation personnel,
other than aircraft maintenance personnel

_____ *(name of authorized organization)*

for the issuance of a licence _____

_____ *(type of licence)*

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

Position held: _____

Subdivision: _____

Date of birth: _____

General education: _____

_____ *(school, period of study)*

Special education: _____

_____ *(aviation training organization, period of study)*

Professional development courses (upon reinstatement of the licence)

_____ *(name of course, period of study)*

The simulator training was conducted for _____ hours with an overall grade of _____

Instructor: _____

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

_____ “ _____ ” _____ 20 _____ year
(signature) *(date)*

Recognized as fit to work by medical examination of aviation personnel up to: _____

Production characteristic: _____

CONCLUSION: worthy of obtaining an aviation personnel licence.

Examiner: _____

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

_____ *(signature)*

_____ *(date)*

Applicant: _____

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

_____ *(signature)*

_____ *(date)*