



**Islamic Republic of Afghanistan
Civil Aviation Authority**

PERSONNEL LICENSING FORMS

**AFGHANISTAN CIVIL AVIATION AUTHORITY DIRECTIVE
(ACAF)**

ACAF-PEL-001.0

Personnel Licensing

31 DEC 2014

Revision 0

H.E. Capt. Hamid
Director General
Civil Aviation Authority

Approved: _____



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Table of Contents

0	Administration and Control	9
0.1	Abbreviations	9
0.2	Record of Revision	10
1	License Issue/Renewal Form (Form: O-PEL-001A)	11
2	Pilot's Technical Examination (Form: O-PEL-001E)	13
3	Inclusion of a Rating on a Pilot's License (Form: O-PEL-001I)	17
4	Letter of Discontinuance (Form: O-PEL-001L)	23
5	Notice of Disapproval of Application (Form: O-PEL-001N)	25
6	Replacement of License (Form: O-PEL-001R)	27
7	Issue or Renewal of a Student Pilot Authorization (SPA) (Form: O-PEL-002A)	29
8	Issue or Renewal of a Private Pilot License (PPL) (Form: O-PEL-003A)	33
9	Issue or Renewal of a Commercial Pilot License (CPL) (Form: O-PEL-004A)	37
10	Issue or Renewal of an Airline Transport Pilot License (ATPL) (Form: O-PEL-005A)	41
11	Validation of Foreign Flight Crew License and/or Rating (Form: O-PEL-006A)	45
12	Request for Confirmation of a Foreign License (Form: O-PEL-006B)	47
13	Validation/Authorization of Pilot License Form (Form: O-PEL-006C)	49
14	Renewal of an Instrument Rating (Form: O-PEL-008B)	51
15	Issue of a Flight Engineer License (Form: O-PEL-010A)	55
16	Renewal of a Flight Engineer License (Form: O-PEL-010B)	59
17	Issue or Renewal of Air Traffic Controller's License (Form: O-PEL-013A)	63
18	Issue or Renewal of Flight Operations Officer (FOO) License (Form: O-PEL-014A)	67
19	Flight Operations Officer (FOO) License Issue/Renewal Form (Form: O-PEL-014B)	71
20	Issue or Renewal of an Aviation Maintenance Related Licenses and Authorizations (Form: O-PEL-015A)	73
21	Issue or Renewal of Cabin Crew License (Form: O-PEL-017A)	75
22	Inclusion of Aircraft Type on Cabin Crew License (Form: O-PEL-017B)	79
23	Cabin Crew License Issue/Renewal Form (Form: O-PEL-017C)	81
24	ACAA Aviation Language Placement Test (Form: O-PEL-022A)	83



25	AMENDMENT ACKNOWLEDGMENT SLIP (Form: O-PEL-001)84
Appendix I	86



List of Tables

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List of Figures

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0 Administration and Control

The following list contains key abbreviations used in this document, as well as others likely to be in common use in the respective area.

0.1 Abbreviations

ACAA	Afghanistan Civil Aviation Authority
ACAD	Afghanistan Civil Aviation Directives
ACAF	Afghanistan Civil Aviation Forms
ACAR	Afghanistan Civil Aviation Regulation
AMEL	Airplane Multi-Engine Land
ATC	Air Traffic Control
ATO	Air Traffic Organization
ATPL	Air Transport Pilot's License
CPL	Commercial Pilot's License
Dept.	Department
ECG	Electrocardiogram
FEL	Flight Engineer's License
FOO	Flight Operations Officer
GMT	Greenwich Mean Time
MEL	Minimum Equipment List
PIC	Pilot in Command
SIC	Second in Command
SIL	Single Engine Land



0.2 Record of Revision

The revision page shall be completed to show: revision number, effective date of the revision, description of changes and the responsible person. Revised pages will display the DD MMM YYYY revision date and revision number on the bottom of each page. Any revision shall display the next sequential number.

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1 License Issue/Renewal Form (Form: O-PEL-001A)

LICENSE ISSUE/RENEWAL FORM			
I	Extract from license No: _____	Issued on form: _____	
	Territory of issue: _____		
II	Type of license: _____		
III	Number of license: _____		
IV	Name in full: _____		
V	Address: _____		
VI	Nationality: _____		
VII	Date of birth: _____	Place of birth: _____	
VIII	Signature of issuing officer: _____		
IX	Date and stamp: _____		
X	By authority of: _____		
XI	Ratings: _____	The aircraft rating: _____	Category: _____
	Part I	Part II	Class: _____
	Extract from license No: _____		Issued on form: _____
	Territory of issue: _____		
1.	Status of this certificate. This certificate forms part of: _____ _____ Pilot license No _____ and must always be carried with license.		
2.	Validity of the license. Medically examined on _____ This license is therefore valid from _____ to _____		
3.	Certificate Signature _____ Date and stamp _____		
4.	This flying Instructor's/Assistant Instructor's rating contained. The license is valid till _____		



5. The holder passed such a test on a date prior to the issue of
Certificate namely on _____
No of examiner license _____
Private Pilot privileges valid until _____
ECG _____ Signature of examiner _____
Audiogram _____
Date of last simulator/recurrency check _____
Simulator expires _____



2 Pilot's Technical Examination (Form: O-PEL-001E)

APPLICATION FOR PILOT'S TECHNICAL EXAMINATION

1. (a) Surname _____
 (b) First name(s) _____ Other name(s) _____
2. (a) Residential address _____ (b) Postal address _____
3. (a) Private telephone No. _____ (b) Business telephone No _____
 (c) Fax No. _____ (d) Email address _____
4. Place of birth _____ 5. Date of birth _____
6. Nationality _____ 7. Sex: M ☐ F ☐
- Company's address _____

Company's chief pilot _____

Particulars of license held

Category: _____
 (PPL, CPL, ATPL etc.)

Afghanistan License No: _____

Date issued: _____

Category: _____
 (PPL, CPL, etc)

Foreign issuing authority: _____

License number _____

Date: _____

Last three type ratings: _____

Date: _____

Passed ACAA loading? _____

Date _____

A/C Performance Group? _____

Date _____

(A, C, D, E, etc.)

**Type of examination required**

(A) Aircraft type:

A/C model No:

Flight manual updating

Month

Year

(B) PPL:

(Check which)

(C) CPL:

(D) Loading:

(E) Performance:

(A, C, D, E, etc.)

Declaration

I hereby certify that the particulars I have given this form are true to the best of my knowledge and belief.

Signature of applicant

Date of application

Notice to all candidates

- I. The ACAA shall only approve forms which have been completely and correctly filled out.
- II. Examination subjects and time shall be decided by the ACAA.
- III. The ACAA will provide performance candidates.
- IV. Evidence of successful completion of a ground school or relevant courses must be attached to this application for aircraft of all up weight of 5700 kg and above.
- V. Evidence of examination fee must be attached.

For the first time after ground course of aircraft type or license examination

Recommendation personnel

Name:

Signature

Rank:

Date:

(Ground instructor, chief pilot etc.)

Official use only

Candidates exam:

Slots

Date

Time



I.	Aircraft type	_____
II.	PPL gen. paper	_____
III.	CPL gen. paper	_____
IV.	Loading	_____
V.	Performance	_____
Evidence of payment		
Fee paid: _____		
Receipt No: _____		
Date of payment _____		
Copy of receipt is attached: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Signature _____		
Date: _____		



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3 Inclusion of a Rating on a Pilot's License (Form: O-PEL-001I)

APPLICATION FOR INCLUSION OF A RATING ON A PILOT'S LICENSE

I hereby apply to have the _____
 type of flying machine included in group _____
 of the aircraft rating of my Pilot's License Num-
 ber _____

1. (a) Surname _____

(b) First name(s) _____ Other name(s) _____

2. (a) Residential address _____ (b) Postal address _____

3. (a) Private telephone No. _____ (b) Business telephone No _____

(c) Fax No. _____ (d) Email address _____

4. Place of birth _____ 5. Date of birth _____

6. Nationality _____ 7. Sex: M ☐ F ☐

8. Statement of flying experience on the type of which rating is required:

(i) Type conversion training _____ hours

(ii) Second pilot _____ hours

(iii) Previous pilot in charge _____ hours

Declaration

I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

 Signature of applicant

 Date of application

PART I

**Certificate**

(To be completed by each person certifying a flight in suspect of that flight)

I, being a person duly authorized in writing by the Director General of Afghanistan Civil Aviation Authority hereby certify that on the date shown, I flew in a

_____ flying machine with _____
at the controls and that he carried out satisfactorily, under the conditions stated, the maneuvers and drills specified in the paragraph or paragraphs against which my signature appears.

Section 1

Multi-Engine Flying Machines (Items A, B, C, D and E are each Exclusive i.e.

There are 5 Flight Tests to be completed

A	By day at maximum landing mass all maneuvers used in normal flight including take-off and landing	Date of flight	_____
		Reg. No. of aircraft	_____
		No. of examiner's license	_____
		Examiners signature	_____
B	By day at maximum landing mass; with one engine inoperative all maneuvers used in normal flight including a landing.	Date of flight	_____
		Reg. No. of aircraft	_____
		No. of examiner's license	_____
		Examiners signature	_____
C	By day at maximum landing mass; emergency maneuvers; including (i) simulated engine failure after take-off (ii) approach to stall and recovery in both level and blanked attitudes and (iii) overshoot with one engine inoperative	Date of flight	_____
		Reg. No. of aircraft	_____
		No. of examiner's license	_____
		Examiners signature	_____
D	By night at maximum landing mass; all maneuvers used in normal flight, including take-off and landing. Time (GMT) and place of take-off _____ Time (GMT) and place of landing _____	Date of flight	_____
		Reg. No. of aircraft	_____
		No. of examiner's license	_____
		Examiners signature	_____
E.	By night at maximum landing	Date of flight	_____



mass; with one engine inoperative, all maneuvers used in normal flight, including landing.

Time (GMT) and place of commencement of test

Reg. No. of aircraft

No. of examiner's license

Examiners signature

Time (GMT) and place of landing

Section 2

Singel-Engined Flying Machine

(Items A and B are each exclusive)

A All maneuvers used in normal flight including take-off, overshoot and landing.

Date of flight

Reg. No. of aircraft

No. of examiner's license

Examiners signature

B Emergency maneuvers including
(i) simulated forced land
(ii) recovery from stalls entered from both level and banked attitudes

Date of flight

Reg. No. of aircraft

No. of examiner's license

Examiners signature

PART II

Certificate

(To be completed by each person certifying take-off and landings)

I, being a person duly authorized by the Director General of Afghanistan Civil Aviation Authority hereby certify that on the date shown, I flew in a

_____ flying machine with _____

at the controls and that he carried out satisfactorily and unassisted the take-offs and landings stated against my signature in this certificate.

Number of take-off	Number of landing	Date of flight aircraft	Reg. No of license No.	Examiner's license No.	Examiner's signature
--------------------	-------------------	-------------------------	------------------------	------------------------	----------------------



PART III**Certificate**

(To be completed by the person certifying the flying test)

I, being a person duly authorized by the Afghanistan Civil Aviation Authority hereby certify that on the date shown, I flew in a

_____ flying machine with _____
at the controls and that he carried out satisfactorily and unassisted all the following maneuvers:

- (a) starting procedure and running up;
- (b) taxiing;
- (c) take-off;
- (d) correct action after engine failure after take-off;
- (e) straight and level flying;
- (f) medium and steep turns;
- (g) climbing and descending turns;
- (h) gliding turns;
- (i) stall or approach to the stall and recovery;
- (j) powered approach and landing;
- (k) normal maneuvers with each engine inoperative;
- (l) approach and landing with one engine inoperative.

Signature of Applicant

Date of Applicant

Examiner's signature

License No.

Date

Notes on the conduct of tests:



- Note 1: Only tests conducted and certified by an authorized examiner(s) will be accepted.
- Note 2: The requirement for the tests in Part I Section 1 (B), (C) and (E) to be conducted at maximum landing weight is to ensure that pilots are capable of making a safe circuit, approach and landing under emergency conditions resulting from loss of power from one engine. In this context the term maximum landing weight means a weight greater than 90 % of maximum landing weight. Where, at maximum all up weight, the wing loading of the aeroplane does not exceed 20 lb per sq foot or the stalling speed in the landing configuration does not exceed 60 knots, the department is prepared to accept certification of the called for in section (B), (C) and (E) at the unladen weight.
- Note 3: The term “one engine inoperative” means with the propeller feathered, or with it wind milling and the engine controls adjusted to give the same effect as if the propeller was feathered. In the case of aircraft with non-feathered propellers, the exercise should be carried out with throttles closed.
- Note 4: An overshoot exercise completed at Part I Section 1 (E) is acceptable in lieu of one done as stated at Part I, Section 1 (c). In which case item C (iii) should be deleted and the words “including overshoot” added by the examiner at E.
- Note 5: In Part II a minimum of six take-offs and landings by day or night, is required.

Information and Instructions:

- 1) This form when completed should be forwarded to the
Afghan Civil Aviation Authority (ACAA)
Personnel Licensing Department
3500, 3rd floor
Kabul, Afghanistan
together with the following:
 - [1] The appropriate fees
 - [1] Documents relating to prove age, date of birth, full name and nationality (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is existing in a language other than English, the applicant must provide a certified translation).
 - [2] Two recent photographs (approximately 2cm by 2.5cm) taken from the same negative (full face).
 - [3] Medical certificate from authorized Aviation Medical Examiner.
 - [4] Evidence qualification to meet the requirement for the issue/renewal of the license/certificate (e.g. log book).
 - [5] Any license held.
- 2) Website: www.acaa.gov.af
- 3) Part I of this form must be completed for a Group 1 rating on a professional pilot's license, Part II for a Group 2 rating on a professional pilot's license and Part II for a Group C rating on a Private Pilot's License. For explanatory notes on the conduct of test see “Notes on the conduct of tests” in this form.
- 4) The technical examination and the flying tests may be undertaken in any order but both



must have been satisfactory concluded with the 6 month immediately preceding the application for endorsement of the license

- 5) Examinations failed on the first attempt may be re-attempted after 30 days. Examinations failed on a second or subsequent attempt may be re-attempted after 6 months.



4 Letter of Discontinuance (Form: O-PEL-001L)

LETTER OF DISCONTINUANCE	
Date:	_____
Applicant's name and address:	_____ _____ _____
Dear _____	
On this date you successfully completed the oral portion of the skill test for a License with an _____ (Indicate the rating)	
The skill test was discontinued because of _____ (Indicate reason)	
If application is made by _____ (Indicate a dater)	
This letter may be used to show the following portions of the skill which have been completed satisfactorily.	

Indicate the ATC operations completed on the test	
After _____ you must repeat the entire skill test. Indicate expiration date	
This letter does not extend the expiration date as shown on the knowledge test results, medical certificate or required endorsements.	
Sincerely,	



Examiner: _____ License No. _____ Date: _____

NOTICE OF DISAPPROVAL OF APPLICATION

(Note. Present this form upon application for re-examination)

Name and address of applicant	License of rating sought
On the date shown, you failed the examination indicated below: Theoretical knowledge: <input type="checkbox"/> Skill <input type="checkbox"/>	
Upon reapplication you will be re-examined on the following:	
I have personally tested this applicant and deem his performance unsatisfactory for the issue of the license or rating sought.	
Date of examination	
Signature of examiner	Examiners license No: Date: _____



5 Notice of Disapproval of Application (Form: O-PEL-001N)

Note: *Present this form upon application for re-examination)*

Name and Address of Applicant	License of rating sought
On the date shown, you failed the examination indicated below: Theoretical knowledge <input type="checkbox"/> Skill <input type="checkbox"/>	
Upon reapplication you will be re-examined on the following:	
I have personally tested this applicant and deem his performance unsatisfactory for the issue of the license or rating sought	
Date of examination	
Signature of examiner	Examiners License No.: Date: _____



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6 Replacement of License (Form: O-PEL-001R)

APPLICATION FOR REPLACEMENT OF A LICENSE DOCUMENT	
1. Personal Particulars (Block Letters)	
Surname (or family name): _____	
Other names (or given names): _____	
Address for correspondence: _____	

Telephone number: _____	Email address: _____
Class of license: _____	License No: _____
2. Circumstance of Loss/Replacement	
Describe here as fully as possible the circumstance of loss/replacement of your license:	

_____ Date of loss: _____	
When enquiries have been made, and where: _____	
If the loss was reported to the police, at which police station was the report made? _____	

(If lost abroad, indicate to which Afghanistan representative the loss was reported)	
3. Application for the Issue of a Duplicate License	
I, apply for a duplicate license and enclosed two up-to-date photograph, full face to camera, head only size 30 mm x 20 mm, taken from the same negative. I certify that the particulars I have given on this form are correct to the best of my knowledge and belief.	
Date: _____	Signature: _____
<i>It is an offence to make with intent to deceive any false representation for the purpose of procuring the grant, issue, renewal or variation of any license. Any person so doing renders himself liable on summary conviction to a fine or to imprisonment or both in accordance with the Afghanistan Civil Aviation Regulations. (ACARs)</i>	
4. For Official use only	
Accepted/Deferred, because _____	Dispatch: _____
Prepared by _____	Date: _____ Licenses: _____
Signed: _____	Date: _____ File No: _____



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7 Issue or Renewal of a Student Pilot Authorization (SPA) (Form: O-PEL-002A)

APPLICATION FOR ISSUE OR RENEWAL OF A STUDENT PILOT AUTHORIZATION (SPA)

I hereby apply for the **Issue/Renewal** of _____

1. (a) Surname _____
(b) First name(s) _____
(c) ID Number _____

2. (a) Residential address _____ (b) Postal address _____

3. (a) Private telephone No. _____ (b) Business telephone No. _____
(c) Fax No. _____ (d) Email address _____

4. Place of birth _____ 5. Date of birth _____

6. Nationality _____ 7. Sex: M ☐ F ☐

8. Name of ATO at which instructed _____

9. Particulars of licenses already held

Place of Issue	Date of Issue	Type of License	Number	Expiry Date

10. Category, class and/or aircraft type (if required) for which the license is required

Category	Class	Type

11. Whether yet examined for and obtained a medical certificate in accordance with the Civil Aviation Regulations:

Yes ☐ No ☐

12. If so, state class of medical and date of issue, and name of medical examiner:



13. I am able to read, speak, write, and understand the English language.

Yes ☐ No ☐

14. I have met all the requirements for the grant of this license.

Yes ☐ No ☐

15. **Declaration**

I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

Signature of applicant

Date of application

For official use only

Fees Paid:	Date:	Receipt #	File #
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Name

Signature of the PEL Officer



Information and Instructions:

- 1) This form when completed should be forwarded to the
Afghan Civil Aviation Authority (ACAA)
Personnel Licensing Department
3500, 3rd floor
Kabul, Afghanistan
together with the following:
 - [6] The appropriate fees
 - [7] Documents relating to prove age, date of birth, full name and nationality (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is existing in a language other than English, the applicant must provide a certified translation).
 - [8] Two recent photographs (approximately 2cm by 2.5cm) taken from the same negative (full face).
 - [9] Medical certificate from authorized Aviation Medical Examiner.
 - [10] Evidence qualification to meet the requirement for the issue/renewal of the license/certificate.
 - [11] Any license held.
- 2) Website: www.aaaa.gov.af
- 3) Examinations failed on the first attempt may be re-attempted after 30 days. Examinations failed on a second or subsequent attempt maybe re-attempted after 6 months.



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8 Issue or Renewal of a Private Pilot License (PPL) (Form: O-PEL-003A)

APPLICATION FOR ISSUE OR RENEWAL OF A PRIVATE PILOT LICENSE (PPL)

I hereby apply for the **Issue/Renewal** of _____

1. (a) Surname _____

(b) First name(s) _____

(c) ID Number _____

2. (a) Residential address _____ (b) Postal address _____

3. (a) Private telephone No. _____ (b) Business telephone No _____

(c) Fax No. _____ (d) Email address _____

4. Place of birth _____ 5. Date of birth _____

6. Nationality _____ 7. Sex: M ☐ F ☐

8. Name of ATO at which instructed _____

9. Particulars of licenses already held

Place of Issue	Date of Issue	Type of License	Number	Expiry Date

10. Category, Class and/or Aircraft Type (if required) for which the License is required

Category	Class	Type

11. Instrument rating (if applicable) held and state of last test _____

12. Total instrument flying hours _____

13. Flying experience for initial issue of license – complete and attach Form PEL-002A



14. Flying Experience for Renewal – complete the boxes below

Hours Flown	Day				Night				Total
	PIC	SEL	MEL	Total	PIC	SEL	MEL	Total	
Total since initial issue									
Total since renewal									
Total last 6 month...									

15. Whether yet examined for and obtained a medical certificate in accordance with the Civil Aviation Regulations:

Yes ☐ No ☐

16. If so, class of medical and date of issue, and name of Medical Examiner:

17. I am able to read, speak, write, and understand the English language.

Yes ☐ No ☐

18. I have met all the requirements for the issuance of this license.

Yes ☐ No ☐

19. **Declaration**

I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

Signature of applicant

Date of application

For official use only

Fees Paid:	Date:	Receipt #	File #
------------	-------	-----------	--------

Name

Signature of the PEL Officer



Information and Instructions:

- 1) This form when completed should be forwarded to the
Afghan Civil Aviation Authority (ACAA)
Personnel Licensing Department
3500, 3rd floor
Kabul, Afghanistan
together with the following:
 - [1] The appropriate fees
 - [2] Documents relating to prove age, date of birth, full name and nationality (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is existing in a language other than English, the applicant must provide a certified translation).
 - [3] Two recent photographs (approximately 2cm by 2.5cm) taken from the same negative (full face).
 - [4] Medical certificate from authorized Aviation Medical Examiner.
 - [5] Evidence qualification to meet the requirement for the issue/renewal of the license/certificate.
 - [6] Any license held.
- 2) Website: www.acaa.gov.af
- 3) Examinations failed on the first attempt may be re-attempted after 30 days. Examinations failed on a second or subsequent attempt maybe re-attempted after 6 months.



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9 Issue or Renewal of a Commercial Pilot License (CPL) (Form: O-PEL-004A)

APPLICATION FOR ISSUE OR RENEWAL OF A COMMERCIAL PILOT LICENSE (CPL)

I hereby apply for the **Issue/Renewal** of _____

1. (a) Surname _____

(b) First name(s) _____

(c) ID Number _____

2. (a) Residential address _____ (b) Postal address _____

3. (a) Private telephone No. _____ (b) Business telephone No _____

(c) Fax No. _____ (d) Email address _____

4. Place of birth _____ 5. Date of birth _____

6. Nationality _____ 7. Sex: M ☐ F ☐

8. Name of ATO at which instructed _____

9. Particulars of licenses already held

Place of Issue	Date of Issue	Type of License	Number	Expiry Date

10. Category, Class and/or Aircraft Type (if required) for which the license is required

Category	Class	Type

11. Instrument rating held and state of last test _____

12. Total instrument flying hours _____

13. Flying experience for initial issue of CPL – complete and attach Form PEL-003A or PEL 003B



14. Flying experience for renewal of CPL – complete the boxes below

Hours Flown	Day				Night				Total
	PIC	PIC(us)	Copilot	Dual	PIC	PIC(us)	Copilot	Dual	
Total since initial issue									
Total since renewal									
Total last 6 month...									

(us – under supervision)

15. Whether yet examined for and obtained a medical certificate in accordance with the Civil Aviation Regulations:

Yes ☐ No ☐

16. If so, class of medical and date of issue, and name of Medical Examiner:

17. I am able to read, speak, write, and understand the English language.

Yes ☐ No ☐

18. I have met all the requirements for the issuance of this license.

Yes ☐ No ☐

19. **Declaration**

I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

Signature of applicant

Date of application

For official use only

Fees Paid:	Date:	Receipt #	File #
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Name

Signature of the PEL Officer



Information and Instructions:

- 1) This form when completed should be forwarded to the
Afghan Civil Aviation Authority (ACAA)
Personnel Licensing Department
3500, 3rd floor
Kabul, Afghanistan
together with the following:
 - [7] The appropriate fees
 - [8] Documents relating to prove age, date of birth, full name and nationality (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is existing in a language other than English, the applicant must provide a certified translation).
 - [9] Two recent photographs (approximately 2cm by 2.5cm) taken from the same negative (full face).
 - [10] Medical certificate from authorized Aviation Medical Examiner.
 - [11] Evidence qualification to meet the requirement for the issue/renewal of the license/certificate.
 - [12] Any license held.
- 2) Website: www.acaa.gov.af
- 3) Examinations failed on the first attempt may be re-attempted after 30 days. Examinations failed on a second or subsequent attempt maybe re-attempted after 6 months.



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10 Issue or Renewal of an Airline Transport Pilot License (ATPL) (Form: O-PEL-005A)

APPLICATION FOR ISSUE OR RENEWAL OF AN AIRLINE TRANSPORT PILOT LICENSE (ATPL)

I hereby apply for the **Issue/Renewal** of _____

1. (a) Surname _____
- (b) First name(s) _____
- (c) ID Number _____

2. (a) Residential address _____ (b) Postal address _____

3. (a) Private telephone No. _____ (b) Business telephone No. _____
- (c) Fax No. _____ (d) Email address _____

4. Place of birth _____ 5. Date of birth _____

6. Nationality _____ 7. Sex: M ☐ F ☐

8. Name of ATO at which instructed _____

9. Particulars of licenses already held

Place of Issue	Date of Issue	Type of License	Number	Expiry Date

10. Category, Class and/or Aircraft Type (if required) for which the License is required

Category	Class	Type

11. Instrument rating held and state of last test _____

12. Total Instrument flying hours _____

13. Flying experience for initial issue of ATPL – complete and attach Form PEL-004A for ATPL



14. Flying experience for renewal of ATPL – complete the boxes below

Hours Flown	Day				Night				Total
	PIC	PIC(us)	Copilot	Dual	PIC	PIC(us)	Copilot	Dual	
Total since initial issue									
Total since renewal									
Total last 6 month...									

(us – under supervision)

15. Whether yet examined for and obtained a medical certificate in accordance with the Civil Aviation Regulations:

Yes ☐

No ☐

16. If so, class of medical and date of issue, and name of Medical Examiner:

17. I am able to read, speak, write, and understand the English language in accordance with the English language proficiency requirements of the regulation 6 of the Civil Aviation Regulations.

Yes ☐

No ☐

18. I have met all the requirements for the issuance of this license.

Yes ☐

No ☐

19. **Declaration**

I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

Signature of applicant

Date of application

For official use only

Fees Paid:

Date:

Receipt #

File #



Name

Signature of the PEL Officer

Information and Instructions:

- 1) This form when completed should be forwarded to the
Afghan Civil Aviation Authority (ACAA)
Personnel Licensing Department
3500, 3rd floor
Kabul, Afghanistan
together with the following:
 - [1] The appropriate fees
 - [2] Documents relating to prove age, date of birth, full name and nationality (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is existing in a language other than English, the applicant must provide a certified translation).
 - [3] Two recent photographs (approximately 2cm by 2.5cm) taken from the same negative (full face).
 - [4] Medical certificate from authorized Aviation Medical Examiner.
 - [5] Evidence qualification to meet the requirement for the issue/renewal of the license/certificate.
 - [6] Any license held.
- 2) Website: www.aaaa.gov.af
- 3) Examinations failed on the first attempt may be re-attempted after 30 days. Examinations failed on a second or subsequent attempt maybe re-attempted after 6 months.



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11 Validation of Foreign Flight Crew License and/or Rating (Form: O-PEL-006A)

APPLICATION FOR VALIDATION OF A FOREIGN FLIGHT CREW LICENSE AND/OR RATING

Name _____
(Surname) (First name) (Middle name)

Date of birth _____ Place of birth _____ Nationality: _____

Address overseas: _____

ID Number _____

Employer in Afghanistan _____

Note: Persons to whom a validation/authorization is granted must ensure that any change of address is notified immediately Afghanistan Civil Aviation Authority. This application must be supported by the license for which validation/authorization is sought, and flight crew books.

Expected duration of stay in Afghanistan: _____

Statement by applicant:

I hereby make application for the validation/authorization of the enclosed license rating(s) issued by _____

Date of issue

License	Number	Date of last medical	Endorsements etc.

Total experience as Pilot		Recent flying		Date of last PROF/SIM check	Training facility
P1	P2	PIC	SIC		
Total experience in type					

Note: The applicant must be supported with additional identification i.e. national ID card, drivers license or passport.

I am aware that I may not as a flight crew member, exercise privileges other than the privileges authorized by my license which may be limited by the Afghanistan Civil Aviation Authority.



Signature of applicant _____ Date _____

For official use only

License or Rating	Meets Experience Requirements	Date	Remarks

Information and Instructions:

- 1) This form when completed should be forwarded to the
Afghan Civil Aviation Authority (ACAA)
Personnel Licensing Department
3500, 3rd floor
Kabul, Afghanistan
together with the following:
 - [1] The appropriate fees
 - [2] Documents relating to prove age, date of birth, full name and nationality (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is existing in a language other than English, the applicant must provide a certified translation).
 - [3] Two recent photographs (approximately 2cm by 2.5cm) taken from the same negative (full face).
 - [4] Medical certificate from authorized Aviation Medical Examiner.
 - [5] Evidence qualification to meet the requirement for the issue/renewal of the license/certificate.
 - [6] Any license held.
- 2) Website: www.acaa.gov.af
- 3) Examinations failed on the first attempt may be re-attempted after 30 days. Examinations failed on a second or subsequent attempt may be re-attempted after 6 months.



12 Request for Confirmation of a Foreign License (Form: O-PEL-006B)

REQUEST FOR CONFIRMATION OF A FOREIGN LICENSE

To.

Dear Sir/Madam

The authority has received request for validation or conversion of a Flight Crew Member/Aircraft Maintenance License/Flight Dispatcher/Cabin Crew from:

Mr./Mrs./Miss (full names) _____

Date of birth _____ Place of birth _____

Nationality _____

Address (street, town, area, zip code, country)

Please verify the following details of the license

Title _____ of _____ license _____ (e.g.
PPL/CPL/ATPL/FEL/AMEL) _____

License number _____

Issued in accordance with ICAO standards by (state of issue)



Date of initial issue _____

Date of validity _____

and endorsed rat-
ings _____

Medical Certificate class _____

Issued in accordance with ICAO standards by (state of issue)

Date of issue _____

Date of expiry _____

Restrictions or limitations, if applicable _____

Please verify if the license issued by your authority to the person noted above is valid, and if it was ever revoked or suspended. Your urgent assistance with matter on hand will be appreciated as the applicant has applied for a license in Afghanistan and we cannot release it without your confirmation.

Yours sincerely



13 Validation/Authorization of Pilot License Form (Form: O-PEL-006C)

ISSUE/RENEWAL OF VALIDATION/AUTHORIZATION OF PILOT LICENSE FORM

Type of license _____

License number _____

Issued on _____

With this flight Radiotelephony Operator's

License number _____

Issued on _____

By

To

Is/Are hereby rendered valid for the purpose of the Civil Aviation Law, for the time being in force. The holder is authorized under the act to exercise the privileges of this/these license(s) in Afghanistan registered aircraft subject to the conditions and within the limitations specified overleaf.

Signature of issuing officer _____

Date and stamp _____

CONDITIONS AND LIMITATIONS

(Back page)

1. This Certificate of validation authorizes the holder to fly as Pilot-in-Command, Co-Pilot, and as Flight-Engineer Radiotelephony Operator, Navigator

Simulator/Recurrency expires on _____ aircraft

2. This certificate of validation may be cancelled, suspended or varied as if it were a license granted under the provisions of the Civil Aviation Act for the time being in force.

3. Subject to any cancellation or suspension thereof this certificate of validation will have effect.

from _____ to _____

4. The holder is/not authorized to act as an instructor on an Afghanistan registered aircraft.

5. This Certificate of validation is only valid when accompanied by a current medical and simulator Class _____

Whilst under contract to:



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Fehler! Verwenden Sie die Registerkarte 'Start', um dem Text zuzuweisen, der hier angezeigt werden soll.



**14 Renewal of an Instrument Rating
(Form: O-PEL-008B)**

14 Renewal of an Instrument Rating (Form: O-PEL-008B)

INSTRUMENT RATING RENEWAL									
Captain/First Officer			License No:		Attempt No:				
Route and Airfield	Test by parts	Date Conducted	Aircraft/Simulator		Chock to chock times			Result	Examiner's name and license No (Block capitals)
Turbulence			Type	Registration	Dep	Arr	Duration		
Nil/Slight/Moderate/Severe delete as appropriate	1								
	2								
	3								

Part I Pre-Flight. Take-off and climb	Remarks
1. Instruments/Radios checked and set	Pass/Fail
2. Instrument/Radio checks whilst taxiing	
3. Pre-take off checks ¹	
4. Heading control, unstuck, initial climb	
5. After take off checks ¹	
6. Transition to 'clean' climb	
7. Climbing at Recommended power and speed	
8. Conforming to clearance: Tracks/Heights	
9. Basic I/F	
10. Liaison with ATC	
11. Use of de-icing equipment	



Part II Airways Procedure		Remarks
1. Identification of facilities		
2. Intercepting and holding tracks		
3. Check of heading indicator		
4. Altimeter setting		
5. Conforming to clearance: Tracks/Heights		
6. Basic I/F		
7. Liaison with ATC		
8. Use of de-icing equipment		
Part III ILS and Missed Approach Procedure		Remarks
1. Identification of facilities		
2. Approach checks ¹		
3. Intermediate procedure		
4. Landing checks ¹		
5. Altimeter settings		
6. Approach path to decision height		
7. Action of critical height		
8. Power adjustment		
9. Initial climb		
10. Go around checks ¹		
11. Transition to 'clean' climb		
12. Climbing at recommended power and speed		
13. Conforming to clearance: Tracks/Heights		
14. Basic I/F		
15. Liaison with ATC		
16. Use of de-icing equipment		

Fehler! Verwenden Sie die Registerkarte 'Start', um dem Text zuzuweisen, der hier angezeigt werden soll.



14 Renewal of an Instrument Rating
(Form: O-PEL-008B)

*Sub-Section 'A' (may be taken with any one of Parts 1, 2 or 3) Preliminary and external checks	*Sub-Section B (May be taken with part 2 or 3) Racetrack holding pattern
Pass/Fail	Pass/Fail
¹ Denotes that Checklists will be used	*Ring part number as applicable
Remarks and Recommendations	Result and date renewal test completed * Pass I/R Certificate Signed * Fail Candidates advised
<div style="text-align: right;"> _____ Examiner's signature </div> <div style="text-align: right;"> _____ Date </div>	



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15 Issue of a Flight Engineer License (Form: O-PEL-010A)

APPLICATION FOR ISSUE OF A FLIGHT ENGINEER LICENSE

I hereby apply to have the _____
type of flying machine included in group _____
of the aircraft rating of my Pilot's License Number _____

1. (a) Surname _____
(b) First name(s) _____
(c) ID Number _____

2. (a) Residential address _____ (b) Postal address _____

3. (a) Private telephone No. _____ (b) Business telephone No. _____
(c) Fax No. _____ (d) Email address _____

4. Place of birth _____ 5. Date of birth _____

6. Nationality _____ 7. Sex: M ☐ F ☐

8. Flying experience as flight engineer of flying machines

Your personal flying log-book must be submitted with this application:

	Hours Claimed	Qualifying Minima	Official Use
Total experience as Flight Engineer			
(a) as Flight Engineer in charge			
(b) as second Flight Engineer			
Total			
Recent flying (within last 12 month)			
(a) as Flight Engineer in charge			
(b) as second Flight Engineer			

This flying must have been in the twelve month immediately preceding this applica-



tion.

Aircraft and other ratings

State aircraft types and other ratings required. _____

Date of most recent aircrew medical. _____

Aircraft and other ratings.

State aircraft types and other ratings required. _____

Declaration

I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

Signature of applicant

Date of application

For official use only

1. Has medical declaration been made: _____

2. Date of most recent aircrew medical: _____

3. Date of electrocardiogram: _____

4. Qualifying examination _____

(a) Flight test date: _____ Pass/Fail

(b) Airframes and engines date: _____

(c) Aviation law flight rules and procedures
Date _____ Mark _____

(d) Navigation
Date _____ Mark _____

(e) Meteorology
Date _____ Mark _____

5. Have the appropriate fees been paid _____



Information and Instructions:

- 1) This form when completed should be forwarded to the
Afghan Civil Aviation Authority (ACAA)
Personnel Licensing Department
3500, 3rd floor
Kabul, Afghanistan
together with the following:
 - [1] The appropriate fees
 - [2] Documents relating to prove age, date of birth, full name and nationality (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is existing in a language other than English, the applicant must provide a certified translation).
 - [3] Two recent photographs (approximately 2cm by 2.5cm) taken from the same negative (full face).
 - [4] Medical certificate from authorized Aviation Medical Examiner.
 - [5] Evidence qualification to meet the requirement for the issue/renewal of the license/certificate.
 - [6] Any license held.
- 2) Website: www.aaaa.gov.af
- 3) Examinations failed on the first attempt may be re-attempted after 30 days. Examinations failed on a second or subsequent attempt maybe re-attempted after 6 months.



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16 Renewal of a Flight Engineer License (Form: O-PEL-010B)

APPLICATION FOR THE RENEWAL OF FLIGHT ENGINEER LICENSE

I hereby apply for the renewal of _____

1. (a) Surname _____

(b) First name(s) _____

(c) ID Number _____

2. (a) Residential address _____ (b) Postal address _____

3. (a) Private telephone No. _____ (b) Business telephone No _____

(c) Fax No. _____ (d) Email address _____

4. Place of birth _____ 5. Date of birth _____

6. Nationality _____ 7. Sex: M ☐ F ☐

8. Flying experience during twelve months preceding application :

	Class	Take-offs landing		Hours
Flight Engineer's navigator-in-charge	Landplanes			
	Helicopters			
F/Engineer-Navigator under supervision (Log book to be countersigned)	Landplanes			
	Seaplanes			
	Helicopters			

9. Date of last simulator/recurrent check : _____

10. Name of ACCA authorized examiner: _____



11. Type rating:

Type of aircraft	Date of last flight	For official use

12. Log books totals

N. 1 E. 1	N. 2 E. 2
Day	
Night	
Totals	

Declaration

I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

.....
Signature of applicant

.....
Date of application



Information and Instructions:

- 1) This form when completed should be forwarded to the
Afghan Civil Aviation Authority (ACAA)
Personnel Licensing Department
3500, 3rd floor
Kabul, Afghanistan
together with the following:
 - [1] The appropriate fees
 - [2] Documents relating to prove age, date of birth, full name and nationality (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is existing in a language other than English, the applicant must provide a certified translation).
 - [3] Two recent photographs (approximately 2cm by 2.5cm) taken from the same negative (full face).
 - [4] Medical certificate from authorized Aviation Medical Examiner.
 - [5] Evidence qualification to meet the requirement for the issue/renewal of the license/certificate.
 - [6] Any license held.
- 2) Website: www.aaaa.gov.af
- 3) Examinations failed on the first attempt may be re-attempted after 30 days. Examinations failed on a second or subsequent attempt maybe re-attempted after 6 months.



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17 Issue or Renewal of Air Traffic Controller's License (Form: O-PEL-013A)

APPLICATION FOR ISSUE OR RENEWAL OF AIR TRAFFIC CONTROLLER'S LICENSE

I hereby apply for the Issue/Renewal of _____ License

1. (a) Surname _____

(b) First name(s) _____

(c) ID Number _____

2. (a) Residential address _____ (b) Postal address _____

3. (a) Private telephone No. _____ (b) Business telephone No _____

(c) Fax No. _____ (d) Email address _____

4. Place of birth _____ 5. Date of birth _____

6. Nationality _____ 7. Sex: M ☐ F ☐

8. Qualification

Presently employed by:

9. Ratings:

State types and other ratings acquired

(i)

(ii)

(iii)

(iv)

Renewal

Rating

(i) Aerodrome Control Date: _____

(ii) Approach Control Date: _____

(iii) Approach Radar Control Date _____



(iv) Air Control Date: _____

(v) Area Radar Control: _____

Date of last competency check

(i) Date _____ Expiry date _____

(ii) Aerodrome/Station _____

(iii) ACCA Authorized Observer/Examiner's _____

Date of most recent medical certificate _____
(Please attach copy)

The above details are to the best of my knowledge accurate in all aspect.

Signature of applicant

Date of application

For official use only

1. Has medical declaration been made: _____

2. Date of most recent medical: _____

3. Date of Electrocardiogram: _____

4. Have the appropriate fees been paid: _____
(Date and Receipt No)



Information and Instructions:

- 1) This form when completed should be forwarded to the
Afghan Civil Aviation Authority (ACAA)
Personnel Licensing Department
3500, 3rd floor
Kabul, Afghanistan
together with the following:
 - [1] The appropriate fees
 - [2] Documents relating to prove age, date of birth, full name and nationality (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is existing in a language other than English, the applicant must provide a certified translation).
 - [3] Two recent photographs (approximately 2cm by 2.5cm) taken from the same negative (full face).
 - [4] Medical certificate from authorized Aviation Medical Examiner.
 - [5] Evidence qualification to meet the requirement for the issue/renewal of the license/certificate.
 - [6] Any license held.
- 2) Website: www.aaaa.gov.af
- 3) Examinations failed on the first attempt may be re-attempted after 30 days. Examinations failed on a second or subsequent attempt maybe re-attempted after 6 months.



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18 Issue or Renewal of Flight Operations Officer (FOO) License (Form: O-PEL-014A)

APPLICATION FOR ISSUE OR RENEWAL OF FLIGHT DISPATCHERS LICENSE

I hereby apply for the **Issue/Renewal** of _____ License

1. (a) Surname _____
(b) First name(s) _____
(c) ID Number _____
2. (a) Residential address _____ (b) Postal address _____
3. (a) Private telephone No. _____ (b) Business telephone No. _____
(c) Fax No. _____ (d) Email address _____
4. Place of birth _____ 5. Date of birth _____
6. Nationality _____ 7. Sex: M ☐ F ☐
8. Qualification _____
9. Name of ATO at which instructed _____
10. (a) Date of last recurrent training _____
(b) License No. _____ (if applicable)

Type rating

Type of Aircraft to be rated on

(I)

(II)

(III)

The above details are to the best of my knowledge accurate in all aspect.



Signature of applicant _____		Date of application _____	
For official use only			
Qualifying examination			
Part 1			
1. Civil Air law Regulation _____		Date: _____	Marks obtained _____
Part 2			
1. Written Technical Practical Test _____		Date: _____	Marks obtained _____
2. Have the appropriate fees been paid _____			
		Date/Receipt No. _____	
Signature of ACAA Licensing Examiner _____			
Date: _____			
Comment: _____			



Information and Instructions:

- 1) This form when completed should be forwarded to the
Afghan Civil Aviation Authority (ACAA)
Personnel Licensing Department
3500, 3rd floor
Kabul, Afghanistan
together with the following:
 - [1] The appropriate fees
 - [2] Documents relating to prove age, date of birth, full name and nationality (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is existing in a language other than English, the applicant must provide a certified translation).
 - [3] Two recent photographs (approximately 2cm by 2.5cm) taken from the same negative (full face).
 - [4] Evidence qualification to meet the requirement for the issue/renewal of the license/certificate.
 - [5] Any license held.
- 2) Website: www.acaa.gov.af
- 3) For renewal: Applicants to attach recurrent training performance report signed by the instructor and record of total hours of cockpit observation within 12 month.
- 4) Examinations failed on the first attempt may be re-attempted after 30 days. Examinations failed on a second or subsequent attempt maybe re-attempted after 6 months.



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19 Flight Operations Officer (FOO) License Issue/Renewal Form (Form: O-PEL-014B)

FLIGHT OPERATION OFFICER LICENSE ISSUE/RENEWAL FORM

I Extract from certificate No: _____ Issued on form: _____

Territory of issue: _____

II Type of certificate: _____

III Number of certificate: _____

IV Name in full: _____

V Address: _____

VI Nationality: _____

VII Date of birth: _____ Place of birth: _____

VIII Signature of issuing officer: _____

IX Date and stamp: _____

X By authority of: _____

XI Ratings: _____ Aircraft type: _____

Extract from certificate No: _____

Territory of issue: _____

1. Status of certificate.

This certificate forms part of _____

Light dispatchers/FOO's license No _____

and must always be carried with license.

2. Date of recurrency training: from _____ to: _____

Approved training organization/facility: _____

Evidence of recurrent training: _____

Performance – Pass/Fail _____

Instructors name: _____

The license is therefore valid from _____ to: _____



3. **Certificate**

Signature _____ Date _____

Cockpit observation flight _____

Total hours of cockpit observation last 12 month: _____



20 Issue or Renewal of an Aviation Maintenance Related Licenses and Authorizations (Form: O-PEL-015A)

A: APPLICATION FOR

- ☐ Aviation Maintenance Technician License (AMTL)
☐ Inspection Authorization (IA)
☐ Aviation Repairman License (ARL)
☐ Aviation Mechanic Instructor
☐ Designated Aviation Mechanic Technician Examiner

- | | | | |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Original | <input type="checkbox"/> Renewal | <input type="checkbox"/> Re-Issue | <input type="checkbox"/> Additional Rating |
| <input type="checkbox"/> Authorization | <input type="checkbox"/> Conversion | <input type="checkbox"/> Other changes | |

B: APPLICANT INFORMATION

I hereby apply as marked above

1. (a) Surname _____
(b) First name(s) _____
(c) ID Number _____
2. (a) Residential address _____

_____ (b) Postal address _____

3. (a) Private telephone No. _____
_____ (b) Business telephone No _____

(c) Fax No. _____ (d) Email address _____

4. Place of birth _____ 5. Date of birth _____
6. Nationality _____ 7. Sex: M ☐ F ☐



C: LICENSE INFORMATION

Certification/License Number _____ m _____

Date of issue _____

Date of expiry _____

Rating ☐ Airframe ☐ Power Plant ☐ Avionics

Type Rating(s) Held _____

Type Rating(s) Requested _____

D: Requirements

Training

School	Course	From - To
_____	_____	_____
_____	_____	_____
_____	_____	_____

Practical Experience

Employer	Type of Aircraft/Work	From - To
_____	_____	_____
_____	_____	_____
_____	_____	_____

English Language

Level III ☐ YES ☐ NO

Medical Certification issued by ACAA

☐ NO ☐ YES, Date of Issue: _____

Certification/License Number	Date of issue	Date of expiry
_____	_____	_____



21 Issue or Renewal of Cabin Crew License (Form: O-PEL-017A)

APPLICATION FOR ISSUE OR RENEWAL OF CABIN CREW LICENSE

1. (a) Surname _____
(b) First name(s) _____
(c) ID Number _____
2. (a) Residential address _____ (b) Postal address _____
3. (a) Private telephone No. _____ (b) Business telephone No _____
(c) Fax No. _____ (d) Email address _____
4. Place of birth _____ 5. Date of birth _____
6. Nationality _____ 7. Sex: M ☐ F ☐

Employer's address: _____

Date of last recurrent training: _____

Name of ACCA authorized instructor: _____

Type Rating & Emergency Drill			
Type(s) of aircraft rated on	Date of last evacuation	Date of last ditching	Date of last fire drill

Date and place of recent medical examination: _____



Revocation of a Cabin Crew License

Have you ever been

(a) Disqualified from flying on medical grounds _____

or

(b) The holder of license/certificate which has been revoked by any

Contract state: _____

If yes, state: _____

Country of Issue: _____

Type of License _____

Number: _____

I hereby declare that I have carefully considered the statements made above, that to be best of my belief that are complete and correct, and that I have not withheld any relevant information or made any misleading statement.

Signature of applicant

Date of application

For official use only

1. Has medical declaration been made: _____

2. Date of most recent aircrew medical: _____

3. Date of electrocardiogram: _____

4. Qualifying examination _____

(a) Aircraft type _____ Date: _____ Mark: _____

(b) General paper
for Cabin Crew _____ Date _____ Mark _____

5. Have the appropriate
fees been paid: _____ Date/Receipt No: _____



Information and Instructions:

- 1) This form when completed should be forwarded to the
Afghan Civil Aviation Authority (ACAA)
Personnel Licensing Department
3500, 3rd floor
Kabul, Afghanistan
together with the following:
 - [1] The appropriate fees
 - [2] Documents relating to prove age, date of birth, full name and nationality (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is existing in a language other than English, the applicant must provide a certified translation).
 - [3] Two recent photographs (approximately 2cm by 2.5cm) taken from the same negative (full face).
 - [4] Medical certificate from authorized Aviation Medical Examiner.
 - [5] Evidence qualification to meet the requirement for the issue/renewal of the license/certificate.
 - [6] Any license held.
- 2) Website: www.aaaa.gov.af
- 3) Issue/Renewal of License:

You must produce current emergency drill evidence of evacuations, fire drills and ditching on the type of aircraft you are rated on. This is to be within 12 month prior to renewal application.

Type Rating:

To retain an aircraft type in your certificate you are required to undergo a recurrent training during the previous 12 month.
- 4) Examinations failed on the first attempt may be re-attempted after 30 days. Examinations failed on a second or subsequent attempt maybe re-attempted after 6 months.



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22 Inclusion of Aircraft Type on Cabin Crew License (Form: O-PEL-017B)

APPLICATION FOR THE INCLUSION OF AIRCRAFT TYPE ON CABIN CREW LICENSE

I hereby apply to have the _____
aircraft type to be included in my Cabin Crew license No.: _____

1. (a) Surname _____
(b) First name(s) _____
(c) ID Number _____
2. (a) Residential address _____ (b) Postal address _____
3. (a) Private telephone No. _____ (b) Business telephone No. _____
(c) Fax No. _____ (d) Email address _____
4. Place of birth _____ 5. Date of birth _____
6. Nationality _____ 7. Sex: M ☐ F ☐
7. Date of last recurrent training: _____

Type Rating & Emergency Drill			
Type(s) of aircraft rated on	Date of last evacuation	Date of last ditching	Date of last fire drill

The above details are to the best of my knowledge accurate in all aspect.

Signature of applicant

Date of application



Information and Instructions:

- 1) This form when completed should be forwarded to the
Afghan Civil Aviation Authority (ACAA)
Personnel Licensing Department
3500, 3rd floor
Kabul, Afghanistan
together with the following:
 - [1] The appropriate fees
 - [2] Documents relating to prove age, date of birth, full name and nationality (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is existing in a language other than English, the applicant must provide a certified translation).
 - [3] Two recent photographs (approximately 2cm by 2.5cm) taken from the same negative (full face).
 - [4] Medical certificate from authorized Aviation Medical Examiner.
 - [5] Evidence qualification to meet the requirement for the issue/renewal of the license/certificate.
 - [6] Any license held.
- 2) Website: www.aaa.gov.af
- 3) Examinations failed on the first attempt may be re-attempted after 30 days. Examinations failed on a second or subsequent attempt may be re-attempted after 6 months.



23 Cabin Crew License Issue/Renewal Form (Form: O-PEL-017C)

CABIN CREW LICENSE ISSUE/RENEWAL FORM			
I	Extract from certificate No: _____	Issued on form: _____	
	Territory of issue: _____		
II	Type of certificate: _____		
III	Number of certificate: _____		
IV	Name in full: _____		
V	Address: _____		
VI	Nationality: _____		
VII	Date of birth: _____	Place of birth: _____	
VIII	Date and stamp: _____		
IX	By authority of: _____		
X	Emergency drills: _____		
	Evacuation Date last done	Fire drill Date last done	Ditching Date last done
	Date due	Date due	Date due
	Type of aircraft _____		
	Extract from certificate No: _____ Issued on form: _____		
	Territory of issue: _____		
1.	Status of certificate. This certificate forms part of _____ _____ Certificate No _____ and must always be carried with license.		
2.	Validity of the certificate. Medically examined on _____ This certificate is therefore valid from _____ to _____		
3.	Certificate Signature _____ Date and stamp _____		



4. This Instructor's/Assistant Instructor's rating contained

The license is valid till

Signature of examiner

Date of last simulator/recurrency check



24 ACAA Aviation Language Placement Test (Form: O-PEL-022A)

ACAA AVIATION LANGUAGE PLACEMENT TEST

First Part

Name: _____

License No: _____ Date of Issue: _____

Address (for use in connection with this test):

Date: _____

Signature: _____

Second Part

For authority use only

1. Written: _____

2. Oral: _____

3. Proficiency Level: _____

Examiners:

1. _____

2. _____

Date: _____



25 AMENDMENT ACKNOWLEDGMENT SLIP (Form: O-PEL-001)

DOCUMENTATION AMENDMENT ACKNOWLEDGMENT SLIP

To:

From:

Date:

Subject: Revision for Documents/Manuals in your Holding

Please find the latest Revisions for the following Technical Documents/Manuals in your holding

- 1
- 2
- 3
- 4
- 5

please acknowledge Receipt and confirm that action has been taken accordingly and return to the undersigned

(NAME)

Library Services

Please acknowledge Receipt/accomplishment of Revision/Amendment.

Revision/ accomplished ☐ not accomplished ☐

Name:.....

Designation:.....

Sign:.....

Date:.....

Dept:.....



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Appendix I NIL (No Item Listed)

No appendices in this document.



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