

Endorsement, Renewal or Extension of a rating  
 CMR.PEL.FORM.0003



I, the undersigned \_\_\_\_\_

Born on the \_\_\_\_\_ in : \_\_\_\_\_

Of nationality \_\_\_\_\_

Resident \_\_\_\_\_ Address : \_\_\_\_\_

Request the validation of the endorsement / renewal / extension of the rating \_\_\_\_\_

Obtained on the \_\_\_\_\_ In \_\_\_\_\_

On my license of \_\_\_\_\_ Number \_\_\_\_\_

Issued on the \_\_\_\_\_ In \_\_\_\_\_

Total flight service hours \_\_\_\_\_ The last six months \_\_\_\_\_ The last three months \_\_\_\_\_

Night hours \_\_\_\_\_ IFR hours \_\_\_\_\_ Training hours \_\_\_\_\_

Ratings \_\_\_\_\_

Medical certificate of class \_\_\_\_\_ Issued on the \_\_\_\_\_ in \_\_\_\_\_

By \_\_\_\_\_ Visa of the employer \_\_\_\_\_

Done in: \_\_\_\_\_, On the: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_

Please find attached :

- a proficiency check attestation for the achievement of the rating, issued by a CCAA approved examiner or in a CCAA approved training organization;
- a copy of the training record for the achievement of the rating;
- a certified copy of the medical certificate issued by a CCAA approved medical examiner
- a certified copy of the latest pages of my log / work book
- A copy of the receipt for the payment of the fees.

Fiscal stamp XAF 1000
Reserved : don't write here
Application filed on the :
Remarks of the licensing office:
Cash receipt n° :
Ref. : Décision n° :
00084/D/CCAA/DG/DSA/ SDNV/SPA du 09/03/2010 Endorsement or Renewal <b>XAF 250 000</b> Extension <b>XAF 200 000</b>

Agreed for the payment of XAF \_\_0.000 to the CCAA Accountant in view of endorsement / renewal / extension of a rating.

Name of PEL Officer \_\_\_\_\_ Signature of PEL Officer \_\_\_\_\_ Date \_\_\_\_\_