

Issuance of a license by equivalence  
 CMR.PEL.FORM.0002



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

**XAF 50 000**

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

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

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

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

Request for the issuance of a Cameroonian license by equivalence to my license of \_\_\_\_\_

Issued by \_\_\_\_\_ On the \_\_\_\_\_

I declare that I hold a (proposal for a) contract of employment

Drawn up by \_\_\_\_\_ On the \_\_\_\_\_

For a period Undetermined Determined ( \_\_\_\_\_ months)

I certify that I am free of any commitment towards the civil and military authorities of my country.

Total flight service hours \_\_\_\_\_ Last six months \_\_\_\_\_ Last three months \_\_\_\_\_

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

Ratings \_\_\_\_\_

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

Name and visa of the employer \_\_\_\_\_

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

Employer's visa: \_\_\_\_\_

Please find attached :

- A certified copy of the license for which the equivalence is sought;
- A copy of the medical certificate associated with the original license;
- A proficiency check attestation issued by a CCAA approved examiner or training organisation;
- 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 certified copy of the id card for nationals, resident permit or passport with adequate visa for foreigners;
- A criminal record bulletin;
- A certified copy of the employment contract approved by the ministry in charge of labour;
- Two passport sized photographs in format 4x4 cm
- A copy of the receipt for the payment of the fees.

Agreed for the payment of XAF 50.000 to the CCAA Accountant in view of issuance of a license by equivalence.

Name of PEL Officer

Signature of PEL Officer

Date