Sultanate of Oman
Public Authority for Civil Aviation
Directorate General of Civil Aviation Regulation

PACA
الهيئة العامة للطيران المدني

LICENSING APPLICATION FORM

PHOTO
5X3
(WITH UNIFORM,NO CAP AND BLUE BACKGROUND)

INITAIL:
☐ ATPL
☐ CPL
☐ PIC TYPE RATING
☐ ADDITIONAL TYPE RATING
☐ FE

(cross applicable boxes)

APPLICANT'S IDENTIFICATION

NAME (SURNAME FIRST)				PERMANENT OR COMPANY ADDRESS
HEIGHT	WEIGHT	HAIR	EYES	.....
SEX M F	EMPLOYER	STAFF NUMBED		.....
NATIONALITY	PASSPORT NUMBER	PLACE OF ISSUE		TELEPHONE NO.....
DATE OF ISSUE	DATE OF EXPIRE	PERSONAL ADRESS		

TYPE OF LICENCE HELD

☐ HOLDER OF OMANI LICENCE	LICENSE NO.	RATING HELD		TYPE OF LICENSE
☐ HOLDER OF FOREIGN LICENCE	LICENSE NO.	STATE OF ISSUE	RATING HELD	TYPE OF LICENSE

RATING APPLIED FOR :

APPLICANT'S CERTIFICATION

I CERTIFY THAT I MEET ALL PERTINENT REQUIREMENTS OF THE REGULATIONS FOR THE LICENCE OR RATINGS APPLIED FOR. I ALSO AGREE TO ABIDE BY THE PROVISIONS OF THE CIVIL AVIATION LAW OF OMAN AND THE REGULATIONS ISSUED THEREUNDER.

APPLICANT'S SIGNATURE:

DATE(dd/mm/yy)……

I CONSIDER THE ABOVE APPLICANT READY TO TAKE THE TEST FOR WHICH HE IS APPLYING

INSTRUCTOR'S NAME:……LICENSE NO:……
INSTRUCTOR'S SIGNATURE:……DATE:……..(dd/mm/yy)

I CERTIFY THE ABOVE APPLICANT MEETS THE PREREQUISITES FOR THE LICENCE HE IS APPLYING FOR
THEORETICAL TRAINING COMPLETED ☐ THEORETICAL KNOWLEDGE EXAMINATION RESULT :……%(Pass Mark 75%)
MCC COMPLETED (first rating only) ☐

MANAGER TRAINING NAME AND SIGNATURE:…… DATE:.....(dd/mm/yy)

FLIGHT TRAINING

INSTRUCTOR'S NAME :……LICENSE NO:……
NUMBER OF LANDINGS:…… HOURS FLOWN:……..(HH:MM)
HOURS FLOWN :……..……(HH:MM)
INSTRUCTOR'S SIGNATURE:…….…… DATE:……(dd/mm/yy)

EXAMINER REPORT OF COMLETION

	INSPECTOR	EXAMINER	NAME	SIGNATURE	DATE (dd/mm/yy)
ORAL	☐	☐			
SIMULATOR SKILL TEST	☐	☐			
AIRCRAFT FLIGHT SKILL TEST	☐	☐			

PASSED ☐ **FAILED** ☐

DGCAR INSPECTOR REPORT

EXAMINER ACTION ACCEPTED YES ☐ NO ☐
DATE ……(dd/mm/yy) INSPECTOR'S NAME AND SIGNTURE: ……..

*Attach PELO 406 (check repot)