

INSTRUCTOR INITIAL, REVALIDATION AND RENEWAL APPLICATION				
INITIAL <input type="checkbox"/>		REVALIDATION <input type="checkbox"/>		RENEWAL <input type="checkbox"/>
APPLICANT'S IDENTIFICATION (cross applicable boxes)				
NAME: (surname first)			ADDRESS:	
EMPLOYER :	NATIONALITY :	DATE OF BIRTH:	PASSPORT NO :	DATE OF EXPIRY:
TYPE OF LICENSE:	LICENSE NO:	LICENSE EXPIRY DATE	RATINGS HELD:	
INSTRUCTOR RATING APPLIED FOR:.....				
AERONAUTICAL EXPERIENCE (complete for initial issue, CAR FCL 1.335)				
TYPE	PIC		PIC ON TYPE	
INSTRUCTIONAL FLYING HOURS				
ALL FLYING HOURS				
DECLARATION BY APPLICANT				
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE IN EVERY RESPECT. 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):.....	
TRAINING MANGER RECOMMENDATION: (complete for initial issue, CAR FCL 1.335f)				
A- I certify that.....has satisfactorily completed an approved Teaching & Learning course in accordance with DGCAR FCL. Hours during course..... Instructor name..... Training organisation.....				
B- I certify that.....has satisfactorily completed an approved course of training for:..... in accordance with the relevant syllabus approved by the DGCAR				
TRAINING MANGER SIGNATURE:.....LICNSE NO.:.....DATE (dd/mm/yy):.....				
TRAINING MANGER CERTIFICATION: (complete for revalidation and renewal, CAR FCL 1.335(a) (1 & 2)				
I certify that the applicant attended a revalidation seminar approved by the DGCAR, Date (dd/mm/yy):conducted by (training organisation) Total instruction hours proceeding 36 months:.....12 months.....				
TRAINING MANGER SIGNATURE:.....DATE (dd/mm/yy):.....				
EXAMINER CERTIFICATION: (complete part C for revalidation and renewal, part D for initial, CAR FCL 1.335 (a)(3)				
C- Flight Instructor Examiner Assessment:				
The above applicant has given proof of flying instructional ability during a proficiency check flight. This was done to my satisfaction:				
Flight Time:.....	Aeroplane used <input type="checkbox"/>		Simulator used <input type="checkbox"/>	
D- Flight Instructor Examiner Assessment:				
I have Tested the above applicant. The result of the Test is a Pass <input type="checkbox"/> Fail <input type="checkbox"/>				
Name and signature of FEI:License No.:.....Date (dd/mm/yy):.....				
DGCAR USE				
The following have been sighted				
log Book <input type="checkbox"/>	license <input type="checkbox"/>	Training Record <input type="checkbox"/>		
Rating Granted <input type="checkbox"/>	Rating Revalidated <input type="checkbox"/>	Rating Renewed <input type="checkbox"/>		
Valid until :.....Actioned By:.....Date (dd/mm/yy)				