**CHECK LIST FOR RENEWAL OF FLVC CPL/ATPL**

CHECK LIST FOR RECEIVING APPLICATIONS

Name of the Applicant :

Date :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Yes**  | **No**  | **Remarks** | **Office Use** |
| Duly completed Application for FLVC signed by operator and applicant |  |  |  |  |
| Copy of foreign Licence (CPL/ATPL) & validity |  |  |  |  |
| Valid Foreign Medical certificate |  |  |  |  |
| Local Medical: - Medical Certificate from CAA |  |  |  |  |
| Skill – Last PPC Report |  |  |  |  |
| Verification: - Licence details & Medical confirmation from foreign Authorities. |  |  |  |  |

I understand that my application will not be processed unless I produce the original certificate / documents to TOPL section and make the relevant payments.

I hereby certify that the particulars given by me in this application are true and correct.

………………………………………….

(Applicant’s Signature)

The Application and documents received on …………………………………. and payment made.

Payment Receipt number …………………..

…………………………………..

(Receiving Officer’s signature)

Remarks