

CHECK LIST FOR REVALIDATION OF CLASS/TYPE/IR RATINGS
CHECK LIST FOR RECEIVING APPLICATIONS

Name of the Applicant :

Date :

Item	Yes	No	Remarks	Office Use
Duly completed Application			Ref No:	
PPC Reports				
Valid CAASL Medical				
Log Book Copies				
Fees				
Original licence				

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