

## APPLICATION FOR CONVERSION OF A NATIONAL STATE OF KUWAIT LICENCE TO A PART-FCL STATE OF KUWAIT LICENCE

**Notes:** Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.  
KCASR 1 Part FCL requires that an individual has all of their licences administered by the Kuwait DGCA that holds their medical records (Part MED.A.030 and Part FCL.015).  
If your medical records are not held by the Kuwait DGCA, your application will be rejected.

### 1. APPLICANT DETAILS

(To be completed by the Applicant)

Title:.....Name of the Applicant:.....  
Date of Birth (dd/mm/yyyy): ..... Nationality .....  
Place of Birth: ..... Country of Birth:.....  
Permanent / Postal Address:.....  
..... Country: ..... Postcode:.....  
Email : .....

Telephone Numbers: Mobile:.....  
(incl. area code) Office: .....  
Fax No.: .....

A certified copy of your valid Passport, National Identity Card must accompany your application as proof of identification.

### 2. MEDICAL FITNESS

(To be completed by the Applicant)

Class of Medical Certificate held	Date of last Medical	Date of Expiry	DGCA use only

Note: Your Medical Certificate must be valid on the licence issue date. If your Medical Certificate is due to expire within 14 days after the date of application for licence issue, please complete the following

My medical examination will take place at \_\_\_\_\_ on \_\_\_\_\_

A licence will not be issued to any person unless their medical records supporting their Part-MED medical certificate are held by an Aeromedical Centre located in the State of Kuwait.

### 3. PARTICULARS OF STATE OF KUWAIT OR NON-STATE OF KUWAIT LICENCES HELD

(To be completed by the Applicant)

Issuing Authority	Type/Class of licence	Licence Number	Expiry Date

**4. RATINGS HELD**

**(To be completed by the Applicant)**

This section is to be completed, unless you provide a clear certified photocopy of your Certificate of Revalidation. (Should the photocopy not be clear, it will result in your being asked for a clear copy and will delay your application.)

Please give the date of the most recent Skill Test, Proficiency Check or Revalidation by Experience for each type and/or class rating, and any Instructor certificate to be endorsed on your Part-FCL Licence.

Rating or Certificate held	Date of Rating Test	Date of IR Test	Valid until	Examiners Licence Number and Name	DGCA use only

**5. APPLICATION (TICK AS APPROPRIATE)**

**(To be completed by the Applicant)**

I am applying for the following State of Kuwait Part FCL licence (please tick as appropriate):

**Commercial Pilot Licence (CPL)**

Aeroplane:  Helicopter:

**Airline Transport Pilot Licence (ATPL)**

Aeroplane:  Helicopter:

On the basis of my State of Kuwait licence Issued by:

Instructor Certification held:  Examiner Certification held:  (Please include details in section 4)

**6. CONVERSION OF ADDITIONAL RATINGS**

**(To be completed by the Applicant)**

Enter details of additional ratings such as Aerobatic, Mountain etc. applied for

Additional Rating applied for	Evidence attached	DGCA Use Only

### 7. INSTRUCTOR CERTIFICATES RATINGS

(To be completed by the Applicant)

Enter the date of the most recent revalidation or renewal and please indicate the instructor privileges previously or currently being exercised.

Instructor Rating held	Date of Revalidation/Renewal	Expiry Date of Rating	Examiners Licence Number and Name	DGCA Use Only

ATPL:  CPL:  EIR:  IR:

### 8. CONFIRMATION OF FLIGHT EXPERIENCE

(To be completed by the Applicant)

Experience as pilot	Experience Claimed (hours)		DGCA Use Only
	Aeroplane	Helicopters	
As Pilot-in-Command (PIC) on Multi-Pilot Aircraft			
As Pilot-in-Command under Supervision PIC/US or Co-pilot (P2) on Multi Pilot Aircraft			

### 9. DECLARATION OF APPLICANT

(To be completed by the Applicant)

I declare that the information provided on this form is true to the best of my knowledge and belief. I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### 10. DELIVERY INSTRUCTIONS

This form, when completed, should be forwarded and must be accompanied by the appropriate fee to:  
**Directorate General of Civil Aviation, Aviation Safety Department, P.O. Box 17, Safat 13001, State of Kuwait.**

Tel: (965) 24743940, 24342475 / Fax: (965) 24765796 OR Email: [safety@dgca.gov.kw](mailto:safety@dgca.gov.kw)

**Note: For Fees refer to Kuwait Civil Aviation Safety Regulations Part 27 Charges and Fees**

Cheque, Demand Draft etc. made payable in favour of DIRECTORATE GENERAL OF CIVIL AVIATION, or Telex Transfer directly to our Account at;

CONFIRMATION OF BANK DETAILS	
<b>Name of Bank</b>	CENTRAL BANK OF KUWAIT
<b>Branch</b>	KUWAIT
<b>Account Name</b>	DIRECTORATE GENERAL OF CIVIL AVIATION
<b>Account Number</b>	11023041
<b>IBAN Number</b>	KW 17 CB KU 000000000000011023041
<b>Bank Code/ Sort Code/ Swift Code</b>	CBKUKWKW
<b>Currency of Payment</b>	KWD

### DOCUMENTS REQUIRED:

1	Covering Letter from the company	9	Personal flying log book
2	Application Form No: 1342 duly filled & Signed	10	Last Proficiency Check form
3	Copy of latest license.	11	Aircraft Training Form (date of aircraft training done)
4	Copy of emergency licence	12	Personal Address proof
5	Copy of Passport and residency permit page in the passport (non-Kuwaiti)	13	Original and copy of foreign licence on the basis of which Kuwaiti licence is applied for
6	Copy of valid civil ID	14	Copy of the DGCA letter showing the applicant has passed DGCA technical examination
7	Skill test form duly completed and certified by DGCA/AE	15	Prescribed Fee (refer to KCASR Part 27 Charges and Fees)
8	Valid medical certificate		

### FOR OFFICIAL USE ONLY (DGCA/ASD)

Date of Receipt:

Enclosures Checked by,

Name:

Office:

Application

Accepted:

Rejected:

Pending:

Approved:

Remarks:

**Name and Signature of  
DGCA/ASD Inspector:**

**Date:**