



## APPLICATION FOR ENGLISH LANGUAGE PROFICIENCY ENDORSEMENT

**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 & ATCO requires that an individual has all of their licences administered by the Kuwait DGCA that holds their medical records.  
 If your medical records are not held by the Kuwait DGCA, your application will be rejected.

### APPLYING FOR: (Tick the appropriate box)

- |  |  |
|--|--|
| <input type="checkbox"/> PILOT                   | <input type="checkbox"/> AIR TRAFFIC CONTROLLER  |
| <input type="checkbox"/> Initial ELP Endorsement | <input type="checkbox"/> Renewal ELP Endorsement |

### 1. APPLICANT DETAILS (To be completed by the Applicant)

Name of the Employer:.....

Name of the Applicant:..... Lic. No. ....

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. ASSESSMENT OF ENGLISH LANGUAGE PROFICIENCY

Date of Assessment:.....

Assessment Carried out by: .....

Their assessed level of proficiency in the English language is confirmed to be at:

Level 4:       Level 5:       Level 6:  (for the purposes of licence issue).

*They have been issued with a certificate by this organisation confirming the level assessed.*

Name of Organisation Approved for English Language Proficiency Assessment: .....

### 3. 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: .....
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#### 4. DELIVERY & PAYMENT 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	
Name of Bank	CENTRAL BANK OF KUWAIT
Branch	KUWAIT
Account Name	DIRECTORATE GENERAL OF CIVIL AVIATION
Account Number	11023041
IBAN Number	KW 17 CB KU 0000000000000011023041
Bank Code/ Sort Code/ Swift Code	CBKUKWKW
Currency of Payment	KWD

#### DOCUMENTS REQUIRED:

1	Covering Letter from the company
2	Application Form No: 1380 duly filled & Signed
3	Valid English Language Proficiency Certificate from Assessor
4	Copy of latest license.
5	Copy of valid civil ID
6	Copy of Nationality Certificate (Kuwaiti) or copy of Residency permit in the passport (non-Kuwaiti)
7	Prescribed Fee (refer to KCASR Part 27 Charges and Fees)

#### DGCA USE ONLY

Remarks (If any):

The application is Accepted  Rejected

Authorized Signature & Stamp:

Date: