

APPLICATION FOR KCASR PART- FCL MULTI CREW PILOT 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)

DGCA Personal reference/License No. (If known):.....

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)

Please give the date of the most recent Skill Test, Licensing Proficiency Check (LPC) 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	Single-Pilot (SP) or Multi-Pilot (MP)	Date of Test	Date of IR Test (if applicable)	Expiry Date of Rating	Examiners Licence Number and Name	DGCA use only

5. APPLICATION (TICK AS APPROPRIATE)

(To be completed by the Applicant)

I am applying for the State of Kuwait Part FCL Multi-Crew Pilots Licence:

Initial Issue: Renewal:

6. FLYING EXPERIENCE

(To be completed by the Applicant, only for initial issue)

PHASE 1 – Core Flying Skills		Hours Claimed		DGCA Use Only
		Aeroplane	Simulator	
A Total Experience as Pilot	Dual Instruction			
	As Pilot-in-Command (PIC)			
	Section A Total Hours			
B Cross Country Navigation	Dual Instruction			
	As Pilot-in-Command (PIC)			
	Section B Total Hours			
C Night Flying	Dual Instruction			
	As Pilot-in-Command (PIC)			
	Section C Total Hours			
D Instrument Flying	Dual Instruction			
	Instrument Ground Time	FSTD		
	Section D Total Hours			

PHASE 2 – Basic		Hours Claimed		DGCA Use Only
		Aeroplane	Simulator	
Instrument Flying	Instrument Ground Time			
	Instrument Flight Time			
PHASE 3 – Intermediate				
Instrument Flying	Instrument Ground Time			
PHASE 4 – Advanced				
Instrument Flying	Instrument Ground Time			
	Total Hours			

7. MPL INTEGRATED COURSE DETAILS **(To be completed by the ATO)**

I certify that (name) has satisfactorily completed Phases 1, 2, 3 and 4 of training towards the grant of a Multi-Crew Pilot's Licence in accordance with Part-FCL.

Date course started:

ATPL Theoretical Knowledge training completed on course hours

Give details of Competent Authority with whom the Examinations were taken:

.....

Date Completed: Type Rating (specify aircraft type and series):.....

Type Rating Theoretical Knowledge Examination Result (%): Date Completed:

Flight Simulator Hours (the simulator must be approved)

Phase	Hours	Type of Simulator	FSTD Identification Number of Simulator used	Competent Authority issuing Qualification Certificate for the Simulator

Hours completed in Aircraft Flight Training: hrs: mins

Number of Take Offs and Landings: Registration of Aircraft Used:.....

Approved Training Organisation (ATO): ATO Approval No:

Competent Authority issuing approval:

Head of Training's name (block capitals):

Signature (Head of Training): Date:.....

8. CONFIRMATION OF SKILLS TEST

(To be completed by the Examiner)

I certify that (name) has completed a:

Multi Pilot Skill Test Pass Date: IR (A) Skill Test Pass Date:

I further certify that I have examined the applicants flying log and the entries in them meet in full the flying experience requirements for the grant of a licence in accordance with Part-FCL.

Examiner's Name (block capitals): Examiner's Number:

Authorising Competent Authority: Date of Examiners Briefing (if applicable):

Examiners Signature: Date:

Note - Examiners are reminded that they must complete the Examiner's Report and submit this to Licensing & Training Standards, within 14 days of the skill test. Applicants are notified that the licence will not be issued until the corresponding Examiner's Report Form is received.

10. 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 and I have submitted all of the necessary paperwork for my application to be considered.

I declare I have never held a flight crew licence with an ICAO member state which has been revoked or suspended:

Signature of Applicant: _____ Date: _____

11. 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

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 000000000000011023041
Bank Code/ Sort Code/ Swift Code	CBKUKWKW
Currency of Payment	KWD

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:

DOCUMENTS REQUIRED:

1	Covering Letter from the company	9	Personal flying log book
2	Application Form No: 1360 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 Nationality Certificate (Kuwaiti)	12	Copy of emergency licence
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		