

APPLICATION FOR THE NOTIFICATION OF A CHANGE OF PERSONAL DETAILS, CHANGE OF ADDRESS, CHANGE OF NAME AND CHANGE OF NATIONALITY (PART-FCL)

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. 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.: | |
| <i>A certified copy of your valid Passport, National Identity Card must accompany your application as proof of identification.</i> | | | |
| 2. MEDICAL FITNESS | | (To be completed by the Applicant) | |
| State of Issue | Class of Medical Certificate held | Date of last Medical | 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 Examiner or 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 |
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4. RATINGS HELD (To be completed by the Applicant)

Please give the date of the most recent Skill Test (LST), 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 |
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5. APPLICATION (TICK AS APPROPRIATE) (To be completed by the Applicant)

I am applying for the following (please tick as appropriate):

Change of Address: Change of Name: Change of Nationality: Others: (Specify):.....

6. CHANGE OF ADDRESS (IF APPLICABLE) (To be completed by the Applicant)

Previous Permanent Address:.....
 Country: Postcode:.....

New Permanent Address:.....
 Country: Postcode:.....

Email :

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

7. CHANGE OF NAME (IF APPLICABLE) (To be completed by the Applicant)

Please amend my Name on my license as follows:

Change of Name (by Marriage or Civil Partnership):
 Previous Full Name:..... New Full Name:.....

Change of Name (by Deed Poll):
 Previous Full Name:..... New Full Name:.....

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|---|---|
| 8. CHANGE OF NATIONALITY (IF APPLICABLE) | (To be completed by the Applicant) |
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Please amend my Nationality on my license as follows:

Previous Nationality:..... New Nationality:.....

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| 9. DECLARATION OF APPLICANT | (To be completed by the Applicant) |
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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.:

Signature of Applicant: _____ Date: _____

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| 10. DELIVERY INSTRUCTIONS |
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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 1: For Fees refer to Kuwait Civil Aviation Safety Regulations Part 27 Charges and Fees
Note 2: The DGCA/ASD requires a minimum of 2 weeks to process a completed application.

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 | |
|---------------------------------------|---|
| CENTRAL BANK OF KUWAIT | <i>Name of Bank</i> |
| KUWAIT | <i>Branch</i> |
| DIRECTORATE GENERAL OF CIVIL AVIATION | <i>Account Name</i> |
| 11023041 | <i>Account Number</i> |
| KW 17 CB KU 0000000000000011023041 | <i>IBAN Number</i> |
| CBKUKWKW | <i>Bank Code/ Sort Code/ Swift Code</i> |
| KWD | <i>Currency of Payment</i> |

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|---|
| 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: |
|--|-------|