

APPLICATION FOR Flight Crew Licence Conversion / Temporary Validation

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

 الطيران المدني Civil Aviation الإدارة العامة للطيران المدني - دولة الكويت Directorate General of Civil Aviation - State of Kuwait	 State of Kuwait دولة الكويت	 ASD Aviation Safety إدارة سلامة الطيران Department
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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	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 following State of Kuwait Part FCL: Conversion: Temporary Validation:	
Licence Applied for: CPL/IR (A): ATPL/IR (A):	

6. THEORETICAL KNOWLEDGE (To be completed by the Applicant)			
Member State under whose authority exams were passed	Type of exams passed (State / EASA)	Date of final examination pass	DGCA Use Only

7. SKILL TEST (To be completed by the Applicant)					
Date of skill test pass	Aircraft Type	Aircraft Registration / FSTD Code	Name of Examiner	Examiner Number	DGCA Use Only

8. ENGLISH LANGUAGE PROFICIENCY (ELP) (To be completed by the Applicant)				
Date of ELP assessment	Level achieved	Name of Examiner	Examiner Number	DGCA Use Only

9. CONFIRMATION OF FLIGHT EXPERIENCE		(To be completed by the Applicant)
Experience as pilot	Hours Completed	DGCA Use Only
1. Total Flight Time as pilot of aeroplanes		
2. Flight time in multi-pilot operations on aeroplanes (State Types below) Type(s):		
3. Please complete only one of (a), (b) or (c) as applicable		
(a) Flight time as pilot-in-command (min 70 hrs); and as pilot-in-command under supervision of aeroplanes; OR	PIC:	
	PICUS:	
(b) Flight time as pilot-in-command of aeroplanes; OR		
(c) Flight time as pilot-in-command under supervision of aeroplanes		
4. Cross-country flight time as pilot of aeroplanes		
5. Cross-country flight time as pilot-in-command or pilot-in-command under supervision of aeroplanes		
6. Instrument time on aeroplanes		
7. Night flight time as pilot-in-command or co-pilot of aeroplanes		
8. Other flight time will be credited as follows:	Credit Claimed (hrs)	
- As pilot of helicopters (max credit 750 hrs)		
- As pilot-in-command of touring motor gliders or gliders (max credit 30 hrs)		
- As flight engineer (counted at ½ rate – max credit 250 hrs)		
- FNPT and Flight Simulator time (max FNPT credit 25 hrs – max combined credit 100 hrs)	FNPT: FS:	
9. Other flight time will be credited as follows:	Credit Claimed (hrs)	
- As pilot of Multi-pilot operations on helicopters (max credit 250 hrs)		
- State type(s):		
- Multi-pilot operations as flight engineer (counted at ½ rate – max credit 250 hrs)		
10.	Credit Claimed (hrs)	
- flight time as PIC or PICUS of helicopters will be credited up to a max credit of 125 hrs (of which a max of 35 hrs can be credited against the min PIC requirement)	PIC:	
- flight time as PIC of helicopter will be credited up to a max credit of 125 hrs	PICUS:	
- flight time as PICUS of helicopters will be credited up to a max credit of 100 hrs		
11. Cross-country flight time as pilot of helicopters will be credited up to a max credit of 100 hrs		
12. Cross-country flight time as pilot-in-command or pilot-in-command under supervision of helicopters will be credited up to a max credit of 50 hrs		
13. Night flight time as pilot-in-command or co-pilot of helicopters will be credited up to a max credit of 50 hrs		

 الطيران المدني Civil Aviation الإدارة العامة للطيران المدني - دولة الكويت Directorate General of Civil Aviation - State of Kuwait	 State of Kuwait دولة الكويت	 ASD Aviation Safety إدارة سلامة الطيران Department
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10. 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. I have fully reviewed all Guidance Notes and 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 0000000000000011023041
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:
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DOCUMENTS REQUIRED:

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