

	Company Name □□□□□□ □□□ □□□□□ □□□□□□ ETHIOPIAN CIVIL AVIATION AUTHORITY	Document No ECAA/PEL/OF/003	
	Document Title Application for Validation of Flight Crew License and /or Rating	Issue No 1	Page No. Page 1 of 1

1. Name: _____
2. Date of Birth: ____ 3. Place of Birth: _____ 4. Nationality: _____
5. Address: _____

NOTE-Persons to whom a validation is granted must ensure that any change of address is notified immediately to the Civil Aviation Authority Ethiopia. This application must be supported by the licence or licences for which validation is sought, and flight crew logbooks.

6. Purpose of Validation: _____
7. Expected duration of stay in Ethiopia: _____
8. Statement by Applicant:

I hereby make application for the validation of the enclosed licence(s) /rating(s) issued by:

License	Number	Expiry Date	Endorsements, Etc.

9. Ratings(Aircraft/Radio)/IR

I am aware that I may not as a flight crew member, exercise privileges authorized by my license which may be limited by the Ethiopian Civil Aviation Authority.

Date _____

Signature of Applicant _____

10. FOR OFFICIAL USE ONLY

License or Rating	Meets Experience Requirements	Date	Remarks

PLEASE MAKE SURE THAT THIS IS THE CORRECT ISSUE BEFORE USE