



Company Name

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ETHIOPIAN CIVIL AVIATION AUTHORITY

Document No

ECAA/PEL/OF/006

Document Title

Written Test Transmittal and Log-in Register

Issue No

1

Page No.

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PERSONAL PARTICULARS: (PRINT OR TYPE)

NAME _____ LICENCE No. _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

NATIONALITY _____

MAILING ADDRESS _____

I HEREBY APPLY FOR:

WRITTEN EXAMINATION VALIDATION RENEWAL


PRACTICAL TEST ETHIOPIAN LICENCE

RATING: (TYPE OF A/C) _____

TRAINING (NOT REQUIRED FOR RENEWAL)

APPROVED COURSE / EXPERIENCE	SCHOOL	DURATION

EXPERIENCE: DOCUMENTARY PROOF THAT WITHIN THE PRECEDING 12 MONTHS STATE WHAT QUALIFICATION FLIGHT YOU HAVE MADE ON THE FLIGHT DECK OF AN AEROPLANE OVER AN AREA WHICH YOU ARE AUTHORIZED TO EXERCISE FLIGHT SUPERVISION.

	Company Name □□□□□□ □□□ □□□□□ □□□□□□ ETHIOPIAN CIVIL AVIATION AUTHORITY	Document No ECAA/PEL/OF/006	
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APPLICANT'S DECLARATION: I HEREBY DECLARE THAT ALL THE INFORMATION GIVEN ABOVE ARE TRUE AND CORRECT.

SIGNATURE: _____

DATE: _____

APPROVAL: _____

IMMEDIATE SUPERVISOR

MANAGER FLIGHT CONTROL

FOR OFFICIAL USE: DO NOT WRITE BELOW THIS LINE

DATE RECEIVED ON: _____

DAT _____

ACTION TAKEN _____

SIGNATURE _____

DATE _____

APPROVED AND CONTROLLED COPY