ETHIOPIAN CIVIL AVIATION AUTHORITY

Document No

ECAA/PEL/OF/017

Foreign License Verification Request Letter

Issue No

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To:
Dear Sir/Madam
The Authority has received request for validation or conversion of a Flight Crew Member
/Aircraft Maintenance License from: Mr./Mrs./Miss (full names)
Date of birth (dd/mm/yy)
Nationality Address (street, town, area, zip code, country)
Please verify the following details of the license:
Title of license (eg: PPL/CPL/ATPL/FEL/AMEL)
License number
Issued in accordance with ICAO standards
by (state of issue)
Date of initial issue
Date of validity
and Endorsed ratings*:
Medical Certificate class
Issued in accordance with ICAO standards by (state of issue)
Date of issue
Date of expiry
Medical Restrictions or limitations, if applicable
Please verify if the license issued by your Authority to the person noted above is valid, and if it
was ever revoked or suspended. Your urgent assistance with the matter on hand will be
appreciated as the applicant has applied for a license in Ethiopia and we cannot release it without
your confirmation.
Yours sincerely
Director Aviation Personnel and
Training Organization Certification