

GENERAL POLICY				
<p><i>This document is a mandatory by regulations. It must be addressed to ATCT at least 6 weeks prior to the beginning of training.</i></p>				
TO BE FILLED BY THE AIRLINE				
AIRLINE				
TRAINING REQUEST		CPT	F/O	
COURSES				
A320 TYPE RATING FAMILIARIZATION COURSE RECURRENT TRAINING & CHECKING		LOW VISIBILITY OPERATIONS REFRESHER CROSS CREW QUALIFICATION (CCQ)		
OTHER :				
NOTE:				
PERIOD	FROM		TO	
TRAINEE INFORMATION				
FIRST NAME		FAMILY NAME		
DATE OF BIRTH		PLACE OF BIRTH		
NATIONALITY				
PASSPORT N°		VALIDITY		PLACE OF ISSUE
EMAIL		PHONE NUMBER		
TO BE FILLED BY ATCT				
PROPOSED COURSES				
CHECKED BY		DATE		SIGNATURE
APPROVED BY		DATE		SIGNATURE

TRAINEE LICENCE INFORMATION					
TYPE OF LICENCE			LICENCE BASED ON		
ATPL THEORY			FAA		
CPL			EASA		
ATPL			NATIONAL REGULATIONS (ICAO)		
LICENCE N°		VALIDITY		STATE OF ISSUE	
ENGLISH LANGUAGE PROFICIENCY LEVEL				VALIDITY	
VALIDITY OF MEDICAL CERTIFICATE					
RATINGS IN LICENCE					
A/C TYPE	VALIDITY		Hrs FLOWN	DATE LAST FLIGHT	
FLIGHT EXPERIENCE					
TOTAL FLIGHT TIME ON AEROPLANE (All types)				> 150 hrs	
TOTAL FLIGHT TIME AS PIC ON AEROPLANE (All types)				> 70 hrs	
TOTAL FLIGHT TIME ON JET A/C*					
TOTAL FLIGHT TIME AS PIC ON JET A/C*					
OTHER FLIGHT TIME EXPERIENCE					
MULTI CREW CO-OPERATION (MCC)					
NO	YES	A/C TYPE		DATE OF DELIVERY	
MULTI ENGINE INSTUMENT RATING (ME/IR)					
AIRCRAFT Hrs		> 25 hrs	VALIDITY		
SIMULATOR Hrs		Max SIM 10hrs			
INSTRUCTOR RATING					
A/C TYPE		VALIDITY			
A/C TYPE		VALIDITY			
<i>I UNDERSIGNED CERTIFY THAT ALL THE ABOVE STATEMENTS ARE TRUE AND WILL COMPLY WITH THE GENERAL POLICY STATED ON THIS DOCUMENT.</i>					
DECLARATION BY THE TRAINEE			DECLARATION BY AIRLINE REPRESENTATIVE		
NAME			NAME		
DATE		SIGNATURE	DATE		SIGNATURE

JET A/C*: Multi-pilot multi-engine turbo-prop or turbo-jet aircraft with maximum takeoff weight above 5.7 tons.