|  |  |  |  |
| --- | --- | --- | --- |
| Part A – Personal – Please print | | | |
| *Surname*: | | *Given name*: | |
| *Date of birth*: | *Gende*r  Male  Female | *Telephone number* | |
| Home: | Fax: |
| Work: | Mobile: |
| E mail: | |
| *Citizenship:* | | *Address:* | |
| *Temporary address in Albania:* | | *Permanent address outside Albania:* | |
| Part B – Foreign CC Attestation Information | | | |
| *Type of CC Attestation* | | *Country of issue:* | |
| *Foreign CC Attestation Number:* | | *Qualification Held:* | |
| *Last medical Examination date:* | | *Aero medical centre/examiner*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Albanian Other | |
| *CONTACT DETAILS OF THE ISSUING AUTORITY: Name of the contact person:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| *I declare that the statement made in this application are true:*  ­­Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Part C – Foreign CC Attestation acceptance Purpose | | | |
| Commercial operations TP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Part D –T*o be included with this application* | | | |
| Foreign CC attestation  *Medical certificate*  *Identification document*  *Relevant pages of the log book* | | | |



ACAA

Albanian Civil Aviation Authority

**REQUEST OF VERIFICATION OF FOREIGN LICENCE**

Dear Sir/Madam,  
  
The Albanian Civil Aviation Authority kindly requests verification of the validity of the licence and medical certificate of :   
  
**First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**Type of licence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licence No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   
  
  
This request is based on application for albanian validation of an \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ licence supported by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the Albanian operator).

Please verify:   
i) The license title, ratings and date of issue   
ii) Is the certificate under suspension or revocation?   
iii) Expiration date of licence  
iv) Valid Medical Certificate   
v) Language proficiency in English (minimum Level 4 according to ICAO standards)   
  
  
Please forward your response to:   
Albanian Civil Aviation Authority

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_