**Please complete the form in BLOCK CAPITALS having read the guidance notes attached to this form.**

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| |  | | --- | | **1. PERSONAL DETAILS** |   Surname:.......................................................................................... First Name(s): …..............................................................................  Title (Mr. / Mrs. / Ms etc):.................................................................. Date of Birth (dd/mm/yyyy):..............................................................  Nationality:........................................................................................ Place of Birth (Town): …....................... (Country): …......................  Permanent address: ………........................................................................................................................................................................  ......................................................................................................... Postcode:..........................................................................................  Contact Tel. No. ............................................................................. Mobile Tel. No. ................................................................................  E-mail address:................................................................................. Fax Number:.....................................................................................  Address for correspondence (if different from above) :................................................................................................................................  ......................................................................................................... Postcode:.......................................................................................... |

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| **2. DETAILS OF AAC FLIGHT CREW LICENCE TO BE RE-ISSUED** |

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| --- | --- | --- | --- | --- |
| Type of Licence  (e.g. SPL, PPL,CPL, ATPL, FEL etc) | Category of Licence  (e.g. Aeroplane, Helicopter etc) | Licence No. | Expiry date | Licence issued in accordance with Part-FCL? (Yes / No) |
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| **3. MEDICAL CERTIFICATE** |

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| State of Issue | Class  (1 or 2) | Date of most recent Medical Examination | AME Name, Medical Centre, State | Details of any Limitations / Endorsements | AAC use only |
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| **4. TYPE / CLASS / INSTRUMENT / INSTRUCTOR RATING VALIDITY** |

List each **valid** Type, Class, Instrument and/or Instructor rating(s) (as applicable) endorsed on your existing AAC Flight Crew Licence, and give the date of the most recent Skill Test (LST) or Proficiency Check (LPC) (if applicable) and expiry date for each rating.

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| Type / Class / Instrument / Instructor Rating | Date of Skill Test / Proficiency Check (if applicable) | Expiry Date of Rating | AAC use only |
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| **5. ENGLISH LANGUAGE PROFICIENCY** |

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| ELP Level endorsed on AAC licence | Expiry date (if applicable) | AAC use only |
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| **6. AAC SUMMARY PRIVACY NOTICE** |

How will we use your information?

The information you provide to us via this form will be used to enable us to carry out our regulatory duties including processing your request for the issue of a licence, the administration and maintenance of subsequent licences/certificates and for enforcement purposes. We will not disclose any of your information to any organization without your explicit consent, except where we are obliged to do so under relevant Albanian legislation and/or to comply with law enforcement agencies.

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| **7. APPLICANT’S DECLARATION** |
| I hereby apply for the re-issue of my AAC flight crew licence as indicated in Section 2 of this application form.  I hereby declare that the information given in this form is true and correct to the best of my knowledge and belief.  Applicant’s Signature:..................................................................................................... Date:................................................................ |
| **Note:** It is an offence for a person to make, procure to be made, or assist in making any false representations for the purpose of procuring for any reason the issue, validation, extension or re-issue of a licence or the issue, renewal or revalidation of a rating, authorisation or certificate, whether for that person or any other person. |

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| GUIDANCE NOTES, PAYMENT FORM & SUBMISSION INSTRUCTIONS |

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| **Guidance Notes**  All sections of the application form must be completed by the applicant personally.  In order for the AAC to process your application as quickly as possible, it is important that you complete the application form correctly. Please complete the form in conjunction with the following guidance notes.  **Section 1 – Personal Details**  The permanent address will be entered on your flight crew licence. Please enter the details under ‘correspondence address’.  **Section 2 – Details of AAC Flight Crew Licence to be re-issued**  Please enter details of the flight crew licence to be re-issued.  **Section 3 – Medical Certificate**  Please enter details of your Part-FCL Class 1 or Class 2 Medical Certificate.  **Note:** Applicants must hold a valid Part-FCL Medical Certificate appropriate to the type of licence to be re-issued.  **Section 4 – Type / Class / Instrument / Instructor rating validity**  Please enter details of each valid type, class, instrument and/or instructor ratings (as applicable) endorsed on the licence to be re- issued.  **Note:** Applicants must hold at least one valid type, class, instrument or instructor rating in order for a licence to be re-issued.  **Section 5 – English Language Proficiency**  Please enter the ELP level & validity endorsed on your AAC flight crew licence. If your ELP has expired, you must renew it before your licence can be re-issued.  **Section 7 – Applicant’s Declaration**  This section must be completed by the applicant after reviewing all information entered on the application form. |

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| **SUBMISSION INSTRUCTIONS** |

Send your completed application form to:

Personnel Licensing Office, Albanian Aviation Authority, Street “Sulejman Delvina”, Tirana.

Please enclose the following:

Copy of your valid Part-Med Medical

Certificate Completed payment form

**Please note that failure to submit all required documentation may result in the return of your application.**