

APPLICATION FOR
FOREIGN LICENCE VALIDATION CERTIFICATE
LIMITED TERM PILOT LICENCE

Part A - Personal - Please Print

Surname		Given Names		
Date of Birth	Sex	Citizenship (non-Canadian)	Telephone Numbers	
Y-M-D	M <input type="checkbox"/> F <input type="checkbox"/>		Home: Work: E-Mail	Fax: Cell:
Temporary Address in Canada:			Permanent Address Outside Canada:	
_____			_____	
_____			_____	
_____			_____	

Part B- Foreign Licence Information

Application for:

Type of Licence: _____ Country of Issue: _____ Foreign Licence Number: _____ Ratings Held: _____ Last Medical Examination Date: _____ Y-M-D If Canadian Medical Completed: Date: _____ Y-M-D Previous Canadian Aviation document #: _____	FOREIGN LICENCE VALIDATION CERTIFICATE (validity not to exceed 12 months) Purpose: Private Recreational <input type="checkbox"/> Ferry Flight <input type="checkbox"/> A/C Type: _____ Mark: _____ Providing Flight Training <input type="checkbox"/> Commercial Operations (see CAR 421.07) (Contact HQ) Requirements: _____ _____ LIMITED TERM PILOT LICENCE (validity not to exceed 90 days within 12 month period) Purpose: Issued for flight training and endorsement of ratings Limited Term Pilot Licence <input type="checkbox"/> Requirements: _____ _____ _____
---	--

In accordance with Canadian Aviation Regulations
 Date: _____ Signature of Applicant: _____
Y-M-D

Part C

<input type="checkbox"/> \$45.00 FLVC fee <input type="checkbox"/> \$40.00 LTPL fee	<input type="checkbox"/> Foreign Licence <input type="checkbox"/> Proof of Medical Validity <input type="checkbox"/> Identification Documents (Passport)
--	---

Payment can be made by cheque payable to the Receiver General For Canada in Canadian Funds, or by VISA or Mastercard Card:
 # _____ Expiry Date _____
Y-M-D

Part D - For Transport Canada Use Only

RECEIPT NO. _____ Issued By: _____ Region: _____
 ISSUED ON _____