



CASAS
CIVIL AVIATION SAFETY AUTHORITY SURINAME

LICENCE, RATING, AUTHORIZATION OR VALIDATION CERTIFICATE APPLICATION

<input type="checkbox"/> Issue	<input type="checkbox"/> Renewal	<input type="checkbox"/> Re-issue	<input type="checkbox"/> Adding rating	<input type="checkbox"/> Adding Authorization
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I. APPLICANT INFORMATION

<input type="checkbox"/> Student Pilot Authorization <input type="checkbox"/> Private Pilot Licence (A) <input type="checkbox"/> Commercial Pilot Licence (A) <input type="checkbox"/> Airline Transport Pilot Licence (A) <input type="checkbox"/> Private Pilot Licence (H) <input type="checkbox"/> Commercial Pilot Licence (H) <input type="checkbox"/> Airline Transport Pilot Licence (H) <input type="checkbox"/> Instrument Rating (A) <input type="checkbox"/> Instrument Rating (H) <input type="checkbox"/> Class Rating <input type="checkbox"/> Type Rating		<input type="checkbox"/> Cat II Authorization <input type="checkbox"/> Cat III Authorization <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Instructor additional type Rating <input type="checkbox"/> Instructor SFT Authorization <input type="checkbox"/> Examiner Authorization <input type="checkbox"/> Glider Pilot Licence <input type="checkbox"/> Free Balloon Pilot Licence <input type="checkbox"/> Flight Engineer Licence <input type="checkbox"/> Validation Certificate	
A. Name:		B. Date of birth: D M Y	C. Place of birth:
D. Address:		E. Nationality:	
		F. Height:	G. Weight:
		H. <input type="checkbox"/> Male <input type="checkbox"/> Female	I. Hair: J. Eyes:
K. Do you now hold, or have you ever held a licence form: <input type="checkbox"/> Yes <input type="checkbox"/> No	L. If yes, has licence ever been suspended or revoked: <input type="checkbox"/> Yesdate <input type="checkbox"/> No	M. Type of licence: N. Number:	O. Date issued:
P. Do you hold a medical certificate?	Q. Class of certificate:	R. Date issued:	S. Name of examiner:

II. LICENCE, RATING, AUTHORIZATION OR VALIDATION CERTIFICATE APPLIED FOR ON BASIS OF			
<input type="checkbox"/> A. Completion of required knowledge test	1. Knowledge test for _____ licence/rating successfully completed		2. Date of completion of knowledge test:
<input type="checkbox"/> B. Completion of required skill test/proficiency check	1. Aircraft to be used (if flight test required):	2a. Total time in this aircraft: hours	2b. Pilot in command: hours
<input type="checkbox"/> C. Graduate from integrated course of approved training:	1. Name and location of ATO:		2. ATO Number:
	3. Course from which graduated:		4. Date:
<input type="checkbox"/> D. Military competence obtained in:	1. Service:	2. Date rated:	3. Rank or grade and service number:
	4. Has flown at least 10 hours as pilot in command during the past 12 months in the following military aircraft:		
	5. Date of check in past 12 months:		
<input type="checkbox"/> E. Holder of foreign licence issued by:	1. Country:	2. Grade of licence:	3. Number:
	4. Ratings:		

III. RECORD OF PILOT TIME								
	Total	Instruction Rec'd	Solo	PIC	Co-pilot	Cross Country	Instrument	As Flight Instructor
Aeroplane								
Helicopter								
Glider								
Free Balloon								
SFT								
	Night instr. Rec'd	Night take-off/landing	Number of flights	Hours for renewal	Date of hours for renewal			
Aeroplane			XXXXXXXXXX					
Helicopter			XXXXXXXXXX					
Glider								
Free Balloon								
SFT			XXXXXXXXXX					
IV. APPLICANT'S CERTIFICATION I certify that the statements made by me on this application are true		A. Signature:				B. Date:		
CASAS Use Only								

INSTRUCTOR'S RECOMMENDATION

I have personally instructed the applicant and consider this person ready to take the test.

Date	Instructor's Signature (Print Name and Sign)	Instructor's No.	Instructor Rating expires
Aviation Training Organisation The applicant has successfully completed our _____ approved course, and is recommended for _____ test.			
Date	ATO name	ATO number	Signature

DESIGNATED EXAMINER'S REPORT
 I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of CARs Part 2 for the licence, rating, authorization or certificate sought.

 I have personally tested/checked this applicant in accordance with pertinent procedures and requirements with the results indicated below.

- Approved
 Disapproved – Notice of Disapproval issued (Original Attached)

I have personally checked

- the language normally used in the State
 the national language
 the English language
 or other language

 Renewal of rating: the new validity date of the rating has been indicated on the licence

 Renewal of authorization: the new validity date of the CAT II/III authorization has been indicated on the licence

Location of test (Facility, City):	Duration of test:	Ground: SFT: Flight:
Licence, rating or authorization for which tested:	Type(s) of aircraft used:	Registration No.(s):
Date:	Examiner's signature (Print Name & Sign):	Authorization No.:
		Authorization expires:

EVALUATOR'S RECORD (USE FOR ATPL AND/OR TYPE RATINGS)

	Inspector	Examiner	Signature and Licence Number	Date
Oral	<input type="checkbox"/>	<input type="checkbox"/>		
Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>		
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>		

AVIATION SAFETY INSPECTOR/ OFFICER REPORT

I have personally tested/checked this applicant in accordance with pertinent procedures and requirements with the result indicated below.

- Approved
 Denial - Notice of Denial attached (Original Attached)

I have personally checked

- The language normally used in the State
 The national language
 The English language
 Or other language

Location of test (Facility, City):	Duration of test:	Ground: SFT: Flight:
Licence, rating or authorization for which tested:	Type's of aircraft used:	Registration No.(s):
Inspector's signature (Print Name & Sign):	Date:	<input type="checkbox"/> Renewal of Licence:

ATTACHMENTS	APPLICANT IDENTIFICATION	
<input type="checkbox"/> Student pilot authorization (copy) <input type="checkbox"/> Knowledge Test Report <input type="checkbox"/> Skill Test Report <input type="checkbox"/> Proficiency Check Report <input type="checkbox"/> Notice of Denial <input type="checkbox"/> Letter of Discontinuance <input type="checkbox"/> Graduation Certificate (copy) <input type="checkbox"/> Identification document (copy) <input type="checkbox"/> Endorsement from instructor (if relevant block has not been completed) <input type="checkbox"/> Verification of authenticity of foreign licence	Form of ID _____ ID Name _____ Number _____ Date of birth _____ Expiration date _____ Telephone Number _____	Licence number _____ Email address _____

CASAS REPORT

- Student Pilot Authorization issued
- Examiner's Recommendation
 - Accepted
 - Rejected
- Issue of flight crew licence
- Renewal of flight crew licence
- Re-issue of flight crew licence
- Issue of rating
- Renewal of rating
- Re-issue of rating
- Issue of authorization
- Renewal of authorization
- Re-issue of authorization
- Issue of Validation Certificate

- Licence based on
 - Knowledge test
 - Integrated course
 - Skill test
 - Military competence
 - Foreign licence

Training course name		Graduation Certificate No.	Date
Date	Staff signature (Print name & sign)		

APPLICATION FORM FOR FLIGHT CREW LICENCE, RATING, AUTHORIZATION OR VALIDATION CERTIFICATE

INSTRUCTIONS FOR COMPLETION OF FORM PEL002

I. Application Information

Block A. Name

Enter legal name. Do not change the name on subsequent applications unless it is officially indicated to the Authority that the name is changed with a copy of the marriage licence, court order, or other document verifying the name change (in accordance with CARS 1.2.1.2). The name on the certificate should be the same as the name on the application.

Block B. Date of Birth. Check for accuracy. Enter eight digits. Use numeric characters, i.e.. 20-10-1983 in stead of 20 October 1983. Check to see that Date of Birth is the same as it is on the medical certificate.

Block C. Place of Birth. Enter the city and country where you were born.

Block D. Address. Enter residence number and street or P.O.Box in top part of the box. The City, country and ZIP code go in the bottom part of the block. Check for accuracy. Make sure the numbers are not transposed. Use your permanent mailing address.

Block E. Nationality. Indicate the your nationality from your passport. If you have more than one nationality, indicate that.

Block F Height. Enter your height in centimeters.

Block G. Weight. Enter your weight in kilograms. No fractions, use whole kilograms only.

Block H. Check male or female.

Block I. Hair. Spell out the colour of your hair. If bald, enter "bald". Colour should be listed as black, red, brown, blond or gray. If you wear w wig or toupee, enter the colour of your hair under the wig or toupee.

Block J. Eyes. Spell out the colour of your eyes. The colour should be listed as blue, brown, black, hazel, green or gray.

Block K. Do you hold, or have you ever held a CASAS licence. Check yes or no.

Block L. If yes, has licence ever been suspended or revoked. Check yes or no and indicate the date, if yes.

Block M. Grade licence. Enter the grade of pilot licence (PPL, CPL, ATPL, Flight Engineer)

Block N. Number. Enter the number as it appears on your pilot licence.

Block O. Date issued. Enter the date your pilot licence was issued.

Block P. Do you hold a medical certificate? Check yes or no. If yes complete blocks Q, R and S.

Block Q. Class of certificate. Enter the class as shown on the medical certificate i.e. 1st, 2nd or 3rd class.

Block R. Date issued. Enter the date your medical certificate was issued.

Block S. Name of examiner. Enter the name as shown on the medical certificate.

Block T. Do you speak and understand the national language. Check yes or no.

II. Licence, instrument rating or validation certificate applied for on basis of:

Block A. Completion of required knowledge test

1. Knowledge test for licence/rating successfully completed.

Indicate which knowledge test has been successfully completed.

2. Date of completion of knowledge test.

Indicate the date.

Block B. Completion of required skill test/proficiency check.

1. Aircraft to be used. (If flight test required). Enter the make and model of each aircraft used. If simulator or other SFT, indicate.

2a. Total time in this aircraft. Enter the total flight time in each make and model.

2b. Pilot in command. Enter the pilot-in-command time in each make and model.

Block C. Graduate from integrated course of approved training.

1. Name and location of ATO (Aviation Training Organisation). As shown on the graduation certificate. Be sure the location is entered.

2. ATO Number. As shown on the graduation certificate.

3. Course from which graduated. As shown on the graduation certificate.

4. Date. Date of graduation from indicated course.

Block D. Military competence. Enter your branch of service, dated rated as military pilot, your rank or grade and service number. In block 4 enter the make and model of each military aircraft used to qualify (as appropriate). Enter in block 5 the date of the military pilot check and instrument rating proficiency check during the 12 calendar month before the month of application.

Block E. Holder of a foreign licence.

1. Country. Country which issued the licence

2. Grade of licence. Grade of licence issued, i.e. private, commercial, etc.

3. Number. Number which appears on the licence.

4. Ratings. All ratings that appear on the licence.

III Record of pilot time.

The minimum pilot experience required by the appropriate regulation must be entered. It is recommended, however, that ALL pilot time must be entered. If decimal points are used, be sure they are legible. Night flying must be entered when required. You should fill in the blocks that apply and ignore the blocks that do not. Co-pilot time must be entered in the appropriate blocks. Synthetic flight trainer may be entered in the boxes provided.

V. Applicant's Certification

A. Signature. The way you normally sign your name.

B. Date. The date you sign the application