

**DEPARTMENT OF CIVIL AVIATION MYANMAR**

**APPLICATION FOR RENEWAL OF A PROFESSIONAL PILOTS LICENSE**

**I. Renewal Procedure.**

In order to assist the Department in the expeditious renewal of your license, you are asked, where possible, to conform to the following procedure:--

1. Read "Notes on Medical Examination" on the reverse of your latest certificate of validity. If steps have not yet been taken to arrange for the necessary medical examination, application for an appointment should be made forthwith.
2. Complete and return this form to Department of Civil Aviation, Yangon Airport, Mingaladon and enclose with it –
  - (a) your professional pilot's license,
  - (b) your personal flying logbook entered, totalled to date, and certified,
  - (c) a certificate of medical fitness (C.A. 120), and
  - (d) proficiency Check (C.A. 105)
  - (e) a Treasury Challan for the renewal fee.

II. I hereby apply for the renewal of my ..... pilot license No. ....

Date .....20

Signature of Applicant.....

**III. Personal Particulars of Applicant,**

Name in full.....(BLOCK CAPITALS, surname first)  
 Permanent Address .....  
 Telephone No. (if any) .....  
 Address to which license is to be sent if different from above.....  
 .....

**IV. Particulars of Flying experience required for Renewal**

(a) *To Qualify for Renewal of a License:---* The applicant is required to produce logbook evidence of at least 3 hours flying as pilot including 3 take-offs and landings on each CLASS of aircraft. i.e. landplanes, seaplanes, helicopters, etc. , for which the license is rated, during the 90 days prior to the date of application for renewal.

If the license contains a P-I rating this flying time must be as pilot-in-charge. When the license contains only a P-II rating, second pilot time and landings and take-offs made under supervision may be counted.

Applicants unable to meet the pilot-in-charge flying requirement when applicable will have types of aircraft included in P-I down-graded to P-II.

Flying	Class rating held	Time claimed			For Official Use
		Take-offs	Landings	Hours	
(i) as pilot-in-charge--	Landplanes	.....	.....	.....	.....
	Seaplanes	.....	.....	.....	.....
	Helicopters	.....	.....	.....	.....
(ii) as second pilot (take-offs and landings made under Supervision).	Landplanes	.....	.....	.....	.....
	Seaplanes	.....	.....	.....	.....
	Helicopters	.....	.....	.....	.....

(b) *To Qualify for the Retention of a Type in P-I of the Aircraft Rating:--*The qualification is one flight as pilot-in-charge on each type during the preceding twelve months. Types not qualified for retention in P-I are down-graded to P-II if not dual controlled, removed from the license. Type so down-graded or removed may be restored to P-I by passing the flying tests specified.

Type of flying machine	Date of most recent flight
..... ..... ..... .....	..... ..... ..... .....

Providing an applicant, whose aircraft ratings would normally be down - graded to P - II can produce certified evidence that he / she has completed a minimum of 6 hours as co - pilot in flying the aircraft, including 6 take - offs and landings, he / she may retain in P - I the aircraft in which this flying was carried out. Retention of other types aircraft in P - I will be subject to the further requirement at part IV (b).

The evidence should be certified clearly by the Captain of the aircraft in the applicant's personal flying logbook or preferably, on the certificate below:--

**[Certificate to be complete by the Captain of the aircraft]**

I hereby certify that ..... has completed a minimum of 6 hours as co-pilot in flying the ..... type of aircraft under my command, including 6 take-offs and landings, during the period from .....20

*Signature of Captain .....*  
*Employed by .....*

**V. Medical Examination.**

If the examination took place more than 3 weeks, but not more than 3 months, before the date of this application please sign following declaration:--

I hereby certify that since the date on which I was medically examined as to my fitness to hold a Pilot's license I have not suffered from any defect or disability, or from any disease.

Date .....20

*Signature of Applicant .....*