



**Civil Aviation Authority** *Solomon Islands*

**Application for Issue of Flight Crew  
Licence or Prime Rating**

Use a separate form for each licence or rating

**PERSONAL DETAILS OF APPLICANT**

|   |                     |
|---|---------------------|
| (a) Name of Pilot: <i>(surname)</i>                     | <i>(first name)</i> |
| (b) Place and Date of Birth:                            | (c) Nationality     |
| (d) Postal address in Solomon Islands :                 |                     |
| (e) Permanent address <i>(if different from (d) )</i> : |                     |

**LICENCE APPLIED FOR - MARK APPROPRIATE BOX**

|   |   |   |
|---|---|---|
| Aeroplane <input type="checkbox"/>                              | Helicopter <input type="checkbox"/>             | Other <input type="checkbox"/>                          |
| Private Pilot (PPL) <input type="checkbox"/>                    | Commercial Pilot (CPL) <input type="checkbox"/> | Airline Transport Pilot (ATPL) <input type="checkbox"/> |
| Note: Please complete the questionnaire on page 2 of this form. |   |   |

**RATING APPLIED FOR**

|  |                                  |   |                                     |                            |                            |
|--|----------------------------------|---|-------------------------------------|----------------------------|----------------------------|
| Flight Instructor Rating                 | A <input type="checkbox"/>       | B <input type="checkbox"/>                | C <input type="checkbox"/>          | D <input type="checkbox"/> | E <input type="checkbox"/> |
| Instrument Rating                        | <input type="checkbox"/>         |   |                                     |                            |                            |
| Examiner Rating <input type="checkbox"/> | Airline <input type="checkbox"/> | General Aviation <input type="checkbox"/> | Restricted <input type="checkbox"/> |                            |                            |

**THE FOLLOWING ITEMS MUST BE ENCLOSED WITH THIS APPLICATION FORM**

|   |  |
|---|--|
| <b>For Licence Issue - PPL, CFEL or FEL</b><br>1. Completed Flight Test Report (Not for CFEL) <input type="checkbox"/><br>2. Exam Credits including FRTO (Not for CFEL) <input type="checkbox"/><br>3. Current Medical Certificate <input type="checkbox"/> | <b>For Instrument, Instructor &amp; Examiner Rating issue</b><br>1. Completed Flight Test Report <input type="checkbox"/><br>2. Flight Crew Licence <input type="checkbox"/><br>3. Exam Credits (Instrument Rating Only) <input type="checkbox"/><br>4. Old Examiner Cert (Flight Examiners only) <input type="checkbox"/> |
| <b>For Licence Issue - CPL, ATPL or FEL</b><br>All of the above <b>plus highest licence presently held</b>  |  |

**DECLARATION**

I hereby certify that the enclosed copies of my personal documents are authentic and that the information shown on them is true and correct. I further authorise the Civil Aviation Authority of Solomon Islands (CAASI) to use the information concerning me on this form or attached hereto for any purpose as required or authorised by law. I further authorise such information to be disclosed by the CAASI to any person who requires such information to carry out any function as lawfully directed by the CAASI.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Questionnaire**

|   |            |           |
|---|------------|-----------|
| <b>THE INFORMATION SOLICITED HEREIN IS REQUIRED PURSUANT TO PART 6 OF THE CIVIL AVIATION ACT 2008 WHICH PROVIDES FOR A FIT AND PROPER PERSON TEST TO BE SATISFIED.</b>  |            |           |
| (a) Have you previously had an application for an aviation document rejected or have you been the holder of an aviation document which has been suspended or revoked (other than a licence that has been superseded by a replacement or a higher licence)?<br><br><i>If answering "YES", please give details.</i> | <b>YES</b> | <b>NO</b> |
|   |            |           |
|   |            |           |

**Questionnaire (continued)**

|  |            |           |
|--|------------|-----------|
| (b) Have you been convicted in any court of law of any transport safety offence in the last five years or are you presently facing charges for a transport safety offence?<br><br>(c) Have you been convicted on any criminal charge or are you presently facing charges for any criminal offence ?<br><br>(d) Have you any history of physical or mental health or serious behavioral problems? | <b>YES</b> | <b>NO</b> |
|  |            |           |
| If answering "YES", to question b, c or d above, please provide details on separate sheets enclosed in a sealed envelope marked "Confidential, Director, Civil Aviation Authority, Solomon Islands .) Include name, client number (if known), organization name and certificate applied for.   |            |           |

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**CAASI OFFICE USE ONLY**

| Client No | Date of Issue | Fees | Receipt No | Receipt Date | Remarks |
|-----------|---------------|------|------------|--------------|---------|
|           |               |      |            |              |         |