



DEPUTY OF FLIGHT STANDARD
PERSONNEL LICENSING EXAM & AVIATION MEDICINE DEP.
APPLICATION FOR EXAMINATION
FLIGHT ENGINEER LICENSE

Surname:		First name:	
Nationality:	Date of birth:	Place of birth:	
National ID No:		Mobile number:	
The last graduation degree:			
Address:			

Company / training centre introducing the applicant:	
Approved training course:	
Name of training centre:	
Date at which approved training course has been completed successfully: dd/mm/yy	

Total flight times as a flight engineer(hrs):	CPL LICENSE NO(if any):
A&P LICENSE NO(if any):	Flight simulator(hrs):
Experience as a FE under supervision of authorized flight engineer(hrs):	
Medical fitness expiry date:	Class of medical assessment:

Date of the last time participating in the FE exam (if any): dd/mm/yy

I certify that the statements made by me on this application are true. Date & Signature dd/mm/yy

The statements made by the applicant are true.
Date: dd/mm/yy Title , Signature & stamp of the official introducing the applicant

Statement of registration division of PEL/TRG office:	<input type="checkbox"/> Approved <input type="checkbox"/> Refused
Surname & name:	Date & Signature

Date of exam:	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
Result of written/oral exam:	

In charge of training & operational examinations	GD of personnel licensing, exam & aviation medicine
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