

Validation of protected rights Form 18-PR4

Last name:	Date of birth:
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First name:	Place of birth:
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Licence Part 65 (type and No.):	Date of issue:
	Date of renewal:

Certifying Authorization number:	Date of issue:
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Address:
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Experience:

Date and signature of the applicant	Date and signature of the Quality Manager
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Licence Part 66 delivered by CARC	Date and sign of validation by CARC	
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