



Flight Operations Standards Department
Flight Crew Licensing & Training Section - Ratings
Type Rating & Class Rating Single Pilot Airplane & Multi Engine Issuance Application Form
Airplane or Flight Simulator - Type Rating and Class Rating Multi Engine are valid for 1 year

A. FOR APPLICANT USE ONLY

1. Personal Details.

| | | | |
|--|--|---------------|------------------------------|
| • Applicant Name | | | |
| • Address | | | |
| • Mobile Tel. No | | | |
| • Date & Place of Birth | | • Nationality | |
| • I hereby declare that the information given in this form is true, correct & completed. | | | • Applicant Signature |

2. Application details.

| |
|---|
| • I am applying for the issuance of <input type="checkbox"/> Class Rating <input type="checkbox"/> Type Rating Single pilot airplane & Multi engine |
|---|

3. JCAR Flight Crew License Held Details.

| | | | |
|-----------------------------|--|---------------------------------|--|
| • License Type & Number | | • License Expiry Date | |
| • Class/Type Rating Details | | • Class/Type Rating Expiry Date | |

4. JCAR Medical Certificate Held Details.

| Class | Expiry Date | AME Name | Limitations |
|---|-------------|----------|-------------|
| <input type="checkbox"/> 1 <input type="checkbox"/> 2/IR <input type="checkbox"/> 2 | | | |

5. Type Rating/Class Rating Single Pilot Airplane - Multi Engine Issuance Requirements.

| No | JCAR-FCL Requirements | | |
|----|--|-------------|--|
| a | Hold valid JCAR-FCL. <input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL | Valid until | |
| b | Hold valid JCAR-Medical appropriate class. <input type="checkbox"/> 1 <input type="checkbox"/> 2/IR <input type="checkbox"/> 2 | Valid until | |
| c | Completed at least (70) Hrs as pilot-in-command of airplanes | Hrs | |
| d | Completed the required theoretical knowledge instruction (see Appendix 1 to JCAR-FCL 1.261(a)) | Passed | |
| | | Date | |
| e | Completed not less than (7) Hrs theoretical knowledge instruction in ME airplane operation | Hrs | |
| f | Completed a course of flight instruction related to Class rating skill test (see Appendix 3 to FCL 1.240) | Completed | |
| | Aircraft (A) | Hrs | |
| | Flight simulator (FS) | Hrs | |
| | Flight training device (FTD) | Hrs | |
| | Other training device (OTD) | Hrs | |
| g | Complete at least 02:30 Hrs Dual flight instruction under normal conditions | Hrs | |
| h | Complete at least 03:30 Hrs Dual flight instruction abnormal conditions (engine failure procedures / asymmetric flight) | Hrs | |
| i | Completed theoretical examination for type rating within the last 6 months prior to the skill test | Completed | |
| | | Date | |
| j | Pass Type/class rating Skill Test in accordance with Appendices 1 and 3 to JCAR-FCL 1.240 | | |

6. Instructor Recommendation.

| | | |
|---|------------------|-------------|
| • I hereby certify that, the applicant meets JCAR FCL 1 requirements for <input type="checkbox"/> Class Rating <input type="checkbox"/> Type Rating Skill Test Single pilot airplane & Multi engine | | |
| Instructor Name | Signature | Date |
| | | |



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7. Training Post Holder Recommendation.

| | | | |
|---|--|-------------|--|
| • I hereby certify that, the applicant meets JCARs Requirements for <input type="checkbox"/> Class Rating <input type="checkbox"/> Type Rating Skill Test Single pilot airplane & Multi engine, and I have checked the applicant license, log book, medical and records, I am satisfied that the information contained in this application is correct | | | |
| • Training Post Holder Name | | • Date | |
| • FTO/TRTO | | • Signature | |

B. FOR CARC USE ONLY

1. Examiner Designation.

| | | |
|--|-----------|------|
| • The under signed, Chief of Flight Crew Licensing & Training Section authorises the <input type="checkbox"/> FI <input type="checkbox"/> CRE Capt..... to conduct <input type="checkbox"/> Class Rating <input type="checkbox"/> Type Rating Skill Test Single pilot airplane & Multi engine | | |
| Name | Signature | Date |
| | | |

2. Examiner Recommendation. (FI/CRE notified by CARC)

| | | | |
|---|--|---------------------------------------|---------------------------------|
| • Date | | • Departure | |
| • FTO/TRTO name | | • Destination | |
| <input type="checkbox"/> Airplane Type & number | | • Landing time | |
| <input type="checkbox"/> FS Type & number | | • Total flight time | |
| • Take off time | | • Type/Class Rating Skill Test Result | <input type="checkbox"/> Passed |
| • Recommendations | | | |
| Examiner Name | | Signature | Date |
| | | | |

3. CARC Recommendation.

| | | | | | |
|--|---|-------------------------------|-------------------------------|---------------------------------------|--|
| • Rating Issuance | <input type="checkbox"/> Approved | | | <input type="checkbox"/> Not approved | |
| • Type/Class rating privileges | <input type="checkbox"/> To act as a pilot on the class (SPA) of multi engine airplane specified in the rating <input type="checkbox"/> To act as a pilot on the type (SPA) of multi engine airplane specified in the rating | | | | |
| <input type="checkbox"/> Class Rating details | • Multi Engine | | • Class Rating expiry Date | | |
| <input type="checkbox"/> Type Rating (SPA) details | • Multi engine | | • Type Rating expiry Date | | |
| • Airplane Type Details | | | | | |
| • License details | <input type="checkbox"/> PPL | <input type="checkbox"/> CPL | <input type="checkbox"/> ATPL | • License expiry date | |
| • JCAR English language Level | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | • English Rating expiry Date | |
| • JCAR-Medical Class | <input type="checkbox"/> 1 | <input type="checkbox"/> 2/IR | <input type="checkbox"/> 2 | • Medical Rating expiry Date | |
| • Remarks | | | | | |
| Flight Operations Inspector Name | | | Signature | Date | |
| | | | | | |

C. SUPPORTING DOCUMENTS.

- Cover Letter from the FTO/TRTO for the type/class rating issue examiner designation.
- This application form.
- Copy of valid JCAR FCL PPL/ CPL/ATPL.
- Copy of valid JCAR Medical certificate appropriate class
- Certified copy of related log book pages.
- Copy of Type/Class rating theoretical Exam pass certificate
- Copy of course completion certificate
- Copy of valid JCAR ATPL theoretical knowledge examination (Type rating only)
- After the conduct of the Type/Class skill test:
 - Cover Letter from the FTO/TRTO for Type/Class rating issue
 - This application form.
 - Type/Class Rating (SPA) Skill Test Report