



# Validation of protected rights Form

Last name: .....

Date of birth: .....

First name: .....

Place of birth: .....

Licence Part 65 (type and No.):  
.....

Date of issue:  
.....

Date of renewal:  
.....

Certifying Authorization number: .....

Date of issue: .....

Address:

.....  
.....  
.....  
.....

Experience:

Date and signature of the applicant

Date and signature of the Quality Manager

Licence Part 66 delivered by CARC

.....  
.....

Date and sign of validation by  
CARC

