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| | **Validation of Protected Rights Form** |

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| Last name: …… | Date of birth: …… |
| First name: …….. | Place of birth: …… |
| Name and Approval reference of training organisation:<br>……. | Date of entry:<br>……..<br>Date of exit:<br>…… |
| Address:<br>……<br>……<br>…… | |
| Experience (if applicable): | |
| Date and signature of the applicant | |
| Licence Part 66 delivered by CARC | |
| Date and sign of validation by CARC | |