

**Validation of Protected Rights Form 18-PR6**

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