

VALIDATION OF LICENSES ISSUED BY OR ON BEHALF OF THIRD COUNTRIES

Process N.º: _____ Date: _____ Fill by INAC

Fill by Applicant or Operator

Enterprise: _____ Aircraft: _____ PIC CO-PIC

Applicant Name: Fiscal number:

E-mail: Phone N.º:

Licence: Number: Valid until:

Issue date: Issue State: Entity:

General Documentation	Requirements	Check	INAC only
Pilot Licence	Copy	<input type="checkbox"/>	<input type="radio"/>
Document of identification	Copy	<input type="checkbox"/>	<input type="radio"/>
Logbook signed	Last 3 pages	<input type="checkbox"/>	<input type="radio"/>
Mod 20	Filled	<input type="checkbox"/>	<input type="radio"/>
Mod 10	Filled	<input type="checkbox"/>	<input type="radio"/>
Bill		<input type="checkbox"/>	<input type="radio"/>

Select the appropriate table for the desired validation (A or B or C or D)

A - Pilot licenses for commercial air transport and other commercial activities	Requirements	Check	Fill by Applicant or Operator	INAC only
1) Skill test (TR/CR revalidation Part-FCL)	Original	<input type="checkbox"/>	Date: Val.:	<input type="radio"/>
2) Knowledge Part-OPS and Part-FCL *	Copy seminar	<input type="checkbox"/>	Date:	<input type="radio"/>
3) Knowledge of English (FCL.055)	Copy	<input type="checkbox"/>	Level: Val:	<input type="radio"/>
4) Medical certificate (Part MED)	Copy Class 1	<input type="checkbox"/>	Valid until:	<input type="radio"/>
5) Operator Document *	Declaration	<input type="checkbox"/>	Operator:	<input type="radio"/>
6) Flight experience:		<input type="checkbox"/>	(A) <input type="checkbox"/> (H) <input type="checkbox"/> Total hours:	<input type="radio"/>
7) Only for CPL/IR Multi-pilot:				
a) Knowledge ICAO ATPL level	Certificate	<input type="checkbox"/>	Date: Rate:	<input type="radio"/>

B - Pilot licenses for non-commercial activities with an instrument rating	Requirements	Check	Fill by Applicant or Operator	INAC only
1) Skill test (IR and TR/CR, Part-FCL) **	Original	<input type="checkbox"/>	Date: Val.:	<input type="radio"/>
2) Knowledge of English (FCL.055)		<input type="checkbox"/>	Level: Val:	<input type="radio"/>
3) Medical certificate (Part MED)	Copy Class 2	<input type="checkbox"/>	Valid until:	<input type="radio"/>
4) Instrument time PIC (relevant category)	Min 100 H	<input type="checkbox"/>	Hours:	<input type="radio"/>

C - Pilot licenses for non-commercial activities without an instrument rating	Requirements	Check	Fill by Applicant or Operator	INAC only
1) PPL Skill test (Part-FCL) ***	Original	<input type="checkbox"/>	Date: Val.:	<input type="radio"/>
2) Requirements issuance TR/CR (Part-FCL)	Fulfill	<input type="checkbox"/>		<input type="radio"/>
3) Language proficiency (FCL.055)		<input type="checkbox"/>	Level: Val:	<input type="radio"/>
4) ICAO Medical certificate (Part MED)	Copy Class 2	<input type="checkbox"/>	Valid until:	<input type="radio"/>
5) Flight experience (relevant category of aircraft)	Min 100 H	<input type="checkbox"/>	Hours:	<input type="radio"/>

D - Validation of pilot licenses for specific tasks of limited duration	Requirements	Check	Fill by Applicant or Operator	INAC only
1) ICAO Medical certificate	Copy	<input type="checkbox"/>	Valid until:	<input type="radio"/>
2) Associated ratings or qualifications	Copy	<input type="checkbox"/>	Qualifications:	<input type="radio"/>
3) Declaration of the Operator/Aeroplane manufacturer * , stating:				<input type="radio"/>
Operation:				
Date: Registry: Origin: Destiny:				

Notes:

* All documents referred must be stamped by the Operator;

** Demonstrate that has acquired knowledge of Air Law, Aeronautical Weather Codes, Flight Planning and Performance (IR), and Human Performance

*** demonstrate that he/she has acquired knowledge of Air Law and Human Performance.

Date: _____ Applicant's Signature: _____

Relatório da Validação

A preencher pelo INAC

Report of the Validation

Fill by INAC

Autenticidade da licença:

License Authenticity

.....

Limitações a considerar:

Limitations to consider:

.....

Data limite da validação: _____

Validation valid until:

Observações

A preencher pelo INAC

Remarks

Fill by INAC

.....

.....

.....

.....

.....

Proposta do Técnico

A preencher pelo INAC

The Technical Proposal

Fill by INAC

O requerente cumpre com os requisitos previstos no procedimento P1-22?

The applicant complies with the requirements of procedure P1-22?

Sim

Yes

Não

No

É de emitir a validação?

Is it to issue the validation?

Sim

Yes

Não

No

.....

.....

.....

O Técnico:

Data: _____

PARECER/DESPACHO

O Chefe do Departamento:

Data: _____ - _____ - _____

DESPACHO

O Diretor:

Data: _____ - _____ - _____