



TANZANIA CIVIL AVIATION AUTHORITY
DIRECTORATE OF SAFETY REGULATIONS
PERSONNEL LICENSING

Revision: 4

Form

Document No.:
TCAA -FRM -SR-PEL14D

Title: **Application form for Validation/Conversion of Foreign Licence(s).**

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IMPORTANT NOTICES

1. This form, when completed, should be forwarded to TCAA Personnel Licensing Office via email: pel@tcaa.go.tz
2. Evidence of qualifications must meet the requirements for the validation/conversion of the licence.
3. All dates are written in dd/mm/yy
4. All items in Part A must be filled correctly
5. (*) The star stands for compulsory
6. All items in Part D must be uploaded in the online system.

SN	PART A: PERSONAL PARTICULARS INFORMATION						
1	Surname:		First Name:			Other name:	
2	Nationality:		ID/Passport No:				
3	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female						
4	Email address:						
5	*Type of foreign license:			License number:			
6	Postal Address:						
7	ID/Passport No:						
8	Medical Certificate Details:						
	*Class of Medical:			Date of Medical expiry:			
9	Application Type (Please tick the appropriate box)						
10	<input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/> AMEL						
11	Issuing Authority:						
12	Aircraft type ratings applying for:						
S/N	PART B: FLYING EXPERIENCE						
	LOGBOOK HOURS	AEROPLANE	HELICOPTER	BALLOON	LOGBOOK	AEROPLANE	HELICOPTER
	TOTAL				INSTRUMENT		
	PIC				SIMULATED INSTRUMENT		



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FLIGHT INSTRUCTION				PIC NIGHT		
HOURS ON TYPE				TOTAL HOURS		
Have you meet the aircraft type recency of 3 take offs/landings in last 90 days (YES/NO.) _____						
PART C: PILOT PROFICIENCY CHECK						
LAST DATE OF CHECK:				CLASS/TYPE RATING:		
AIRCRAFT/FSTD:						
PART D: REQUIREMENTS						
1.	Upload a copy foreign licence					
2.	Upload a copy of foreign medical certificate (if applicable)					
3.	Upload a copy of ID/Passport					
4.	Copies of the last 3 pages of the logbook					
5.	For AMEL submit the logbook pages for aeronautical experience					
6.	Proof of employment from a prospective air operator/AMO					
7.	Blue Background Photograph (2 cm x 2.5 cm)					
8.	Certificate of completion from ATO (If applicable)					
9.	Softcopy of Signature (1 cm x 1.5 cm)					
PART E: APPLICATION AND DECLARATION						
I hereby declare that all information provided in this application, including but not limited to my qualifications, flight hours, training, and experience, is true, accurate, and complete to the best of my knowledge and belief.						
I understand that any false statement or omission may result in the rejection of my application.						
Applicant Signature:				Date:		
FOR OFFICIAL USE ONLY						
ACCEPTED APPLICATION:				REJECTED: PROVIDE REASON:		



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Name of PEL Officer/Inspector:

Signature

Date: