

APPLICATION FOR TYPE RATING - CBAA ONLY

- Submit to an authorized person for Canadian Business Aircraft Association.
 Parts A, B and C must be completed prior to submission.
 This application must be accompanied by the fee, examination results, flight test report, certified log-book, letter of recommendation as

File Numb	er						
5802 -							
Licence Number							
Date of Birth	YYYY	ММ	DD				
Medical Category							
Last Medical	YYYY	ММ	DD				
			,				

applicable.							C	ategory		
PART A - PERSONAL INFOR	RMATION							ast YYYY MM DD edical		
Full Given Name	Surname			Aircraft Category						
Mailing Address			Те	elephone			Aeroplane	Helicopter Other		
City / Town	Province		Postal Code			· <u></u>	· <u>_</u>			
PART B - TRAINING INFORM	MATION									
Flight Simulator Location		Simulator Type and Level		Aircraft Registration		Qualifying Flight (QF) or PPC		ing Flight (QF) or PPC		
Applicant Total Flight Time Type Designator		Flight Time on Type		Simulator Time on Type	Flight Engineer / Second Officer		Flight Time PPC/QF	Date		
								YYYY MM DD		
	High Performance Type						r any requirement state the Canadian Aviation Regulations reference: Proof of eligibility for exemption is required)			
Declaration I hereby declare that I have completed the training and flight time prescribed in the Canadian Aviation Regulations, and that Part B above contains a true summary of experience relative to this application. Date (YYYY-MM-DD) Signature of Applicant										
PART C - SKILL TO BE COM	PLETED BY A DES	SIGNATED PERS	ON (note: de	signated perso	on must ho	old same	type rating)			
I certify that the applicant has	completed the grour	nd and flight traini	ing program.							
I have assessed the applicant's skill and consider the applicant is competent to hold type rating.										
Date (YYYY-MM-DD)	Print Name (Designated	X Person)	Signature (Desig	nated Person)	Lic	ence No.		Organization		
PART D - CERTIFICATION O	F LICENCE PRIVIL	EGES BY AUTH	ORIZED PERS	SON						
Licence Number was certified for the addition of type rating on							Date (YYYY-MM-DD)			
Print Name Authorized Person		X Signatur	e of Authorized F	Person		Licence N	No.	Appointment Expiry Date (YYYY-MM-DD)		
PART E - FOR DEPARTMEN' Written Examination Code	Date	Results	Flight Test Code		Date YYYY MM	l DD Re	esults Fee Pai \$	id Receipt No. ▶		
Checked and recommend endorse	ement of ►	I				Į.	<u> </u>			
Official rating title										
(YYYY-MM-DD) Rating Title (DAPLS)	nal Manager, Ge	eneral Aviation				Region				
Nating Title (DAFLS)										
Coded By		Date entered for (YYYY-MM-DD)		Signature						
·										