

	SIERRA LEONE CIVIL AVIATION AUTHORITY Application for The Inclusion of Aircraft Type On a Cabin Crew Licence	Reference	FORM:O-PEL006A
		Revision	01
		Date	

I hereby apply to have the Aircraft type to be included in my Cabin Crew Licence No:.....

1. (a) Surname:.....
 (b) First name:..... Other name(s).....

2. (a) Residential Address..... (b) Postal Address:.....

3. (a) Private Telephone No.:..... (b) Business Telephone No.....
 (c) Fax No..... (d) E-mail Address.....

4. Date of Last Recurrent Training:.....

<u>TYPE RATING & EMERGENCY DRILL</u>			
Type of aircraft rated on	Date of last Evacuation	Date of last Ditching	Date of last fire Drill

The above details are to the best of my knowledge accurate in all aspect.

Applicant's Signature

Date of Application

INFORMATION AND INSTRUCTIONS:

(1) This form when completed should be forwarded to the Director General, Sierra Leone Civil Aviation Authority, 3rd Floor, 21/23 Siaka Stevens Street, Freetown, Sierra Leone. Website: www.slcaa.gov.sl; together with the following:

(a) The appropriate fees;

(b) Medical Certificate from authorized Civil Aviation Medical Examiner.

(c) Any licences held.

