



## Application for Renewal of a Flight Crew Medical/Licence

### Section 1 - Applicant Personal details.

Name of Pilot as on Passport	Surname	First Name/s
License Number:	Nationality:	
Postal address in Vanuatu:		
Name and address of Employer if employed		
Contact Number :		Email:

### Section 2 - Details of Medical Passed. (Attach Medical Report)

Name of Doctor:		
Date and Place of Last Medical Examination:	Class of Medical and Expiry Date:	

### Section 3 – Flying Experience

Total Hours:	Total PIC:	Total Co-Pilot:
Total Night:	Total Instrument Flight Time:	
Total Time last 90 days:	Total Time last 12 months:	

### Section 4 – Fit and Proper Person

THE INFORMATION SOLICITED HEREUNDER IS REQUIRED PURSUANT TO CIVIL AVIATION ACT 1999, SECTION 10 WHICH PROVIDES FOR THE REQUIREMENT FOR FIT AND PROPER PERSON		
	Yes	No
a. Have you previously had an application for an Aviation Document rejected or have you been the holder of an aviation document which has been suspended or revoked (other than a licence that has been suspended by a replacement or higher licence)		
b. Have you been convicted on any criminal charge or are you presently facing charges for a transport safety offence?		
c. Have you been convicted on any criminal charge or are you presently facing charges for a criminal offence?		
d. Have you any history of physical or mental health serious behavioural problems?		

If answering "YES" to questions b, c or d above, please provide details on separate sheets enclosed in a sealed envelope marked "Confidential, The Director, Civil Aviation Authority of Vanuatu, include name, client No (if known), organisation name, and attach to the application.

**Section 6 – Application Declaration**

<p><i>The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under the Civil Aviation Act 1999 and is subject, in the case of an individual, to imprisonment for a term not exceeding 12 months or to a fine not exceeding VT400,000.</i></p>	<p>I declare that to the best of my knowledge and belief the statements made and the information supplied in this application and the attachments are true, complete and correct.</p> <p><b>Consent to Disclosure and Collection</b></p> <p>I authorise the collection by the Director of Civil Aviation or his delegate (hereinafter referred to as "the Director") from, and the disclosure to the Director by, any person, organisation or government department of any details of my knowledge &amp; compliance with transport safety regulatory requirements.</p> <p>I authorise the Director to use, and disclose, the information obtained about me for any purpose under the Vanuatu Civil Aviation Act 1999, or other such purpose permitted by law</p>	
	<p>1. Signature (Print, Name and Sign)</p>	<p>2. Date (dd/mm/yyyy)</p>

<b>NOTES:</b>	<b>CONDITIONS APPLICABLE TO THE RENEWAL OF A PILOT VALIDATION OF A FOREIGN FLIGHT CREW LICENCE ISSUED BY AN ICAO CONTRACTING STATE</b>
<p>1. If the Applicant has not exercised the Privileges of his license for more than 12 months, then this application has to be supported of a Police Clearance Report from the state of Residency of the Last 12 months.</p>	
<p>2. The Doctors Report is to be attached to this application.</p>	
<p>3. If the applicant has not exercised the Privileges of his Vanuatu Licence for more than 5 years, the applicant shall have passed the Vanuatu Air Law and Flight Rules and Procedures Examination.</p>	
<p>4. The applicant shall pay the applicable fee.</p>	

Receipt No	Receipt Date	W/R No.

**7. Fees**

<p><b>Fees:</b>  <b>PPL -</b>  <b>CPL -</b>  <b>ATPL -</b>  <i>Unless the full fees are paid, applications will not be processed.</i></p>	<p>Total fee</p>	<p>VT:</p>
<p><i>For information relating to fees, refer to the Civil Aviation Charges Regulations. <b>DO NOT SEND CASH.</b> Please fill in credit card details.</i></p>		