



Civil Aviation Authority
Republic of Vanuatu

APPLICATION FOR EXAMINATION FLIGHT CREW LICENCE – AIR LAW EXAM

TITLE	SURNAME/FAMILY NAME	FIRST NAMES		CLIENT ID
POSTAL ADDRESS	Home Phone No.	Work Phone No	Date of Birth	
TRAINING ORGANISATION → If no formal training is undertaken, please enter N/A				
Refer to the schedule on the website for details				
		Date of Exam	Nominated Centre	
EMAIL ADDRESS		→		

BASIC EXAMINATIONS	
SUBJECT	
Air Law (Written)	

CERTIFICATION			
I hereby declare that the information documented on this form or attached sheets is true and accurate in every respect to the best of my knowledge,			
APPLICANT'S SIGNATURE		DATE	

OFFICIAL USE ONLY	
Application Checked/Accepted/Processed (Please initial)	Receipt No.