**CHECK LIST FOR ISSUANCE OF ADDITIONAL AIRCRAFT TYPE RATING**

CHECK LIST FOR RECEIVING APPLICATIONS

Name of the Applicant :

Date :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Yes**  | **No**  | **Remarks** | **Office Use** |
| Duly completed Additional Type Rating Application submitted (online) |  |  | File reference |  |
| Request letter from organization |  |  |  |  |
| Report of Relevant course. |  |  |  |  |
| Original Training records are in compliance with approved course (ground & flying) |  |  |  |  |
| \*Examiner Authorization  |  |  |  |  |
| Fees  |  |  |  |  |
| \*Original logbook with copies |  |  |  |  |

I understand that my application will not be processed unless I produce the original certificate / documents to TOPL section and make the relevant payments.

I hereby certify that the particulars given by me in this application are true and correct.

………………………………………….

(Applicant’s Signature)

The Application and documents received on …………………………………. and payment made.

Payment Receipt number …………………..

…………………………………..

(Receiving Officer’s signature)

Remarks - \*Only for domestic Airline Pilots. Not applicable for other General aviation pilots.