

Category	Class	Type

11. Whether yet examined for and obtained a medical certificate in accordance with the Civil Aviation Regulations? YES / NO

12. If so, state class of medical and date of issue, and name of Medical Examiner

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13. I am able to read, speak, write, and understand the English language. YES / NO

14. I have met all the requirements for the Grant of this licence. YES / NO

15. **DECLARATION** – I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

.....
Signature of Applicant

.....
Date of Application

FOR OFFICIAL USE ONLY			
Fees Paid:	Date:	Receipt #	File #
Name -		Signature	of the PEL Officer

INFORMATION AND INSTRUCTIONS:

(1) This form when completed should be forwarded to the personnel licencing office, Swaziland Civil Aviation Authority, 24 Cooper Centre, Sozisa Road, Mbabane; P. O. Box D361, Swaziland, Tel: +268-2518 4390, Fax: +268-2518 4199, or Email to : licensing@swacaa.co.sz; together with the following:

- (a) The appropriate fees;
- (b) Documents relating to proof of age, date of birth, full name and nationality. (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is printed in a language other than English, the applicant must provide a notarized translation).
- (c) Two recent photographs PASSPORT SIZE taken from the same negative (full face).
- (d) Medical Certificate from authorized Civil Aviation Medical Examiner.
- (e) Evidence of qualification to meet the requirement for the issue/renewal of the licence;
- (f) Any licences held.