

# APPLICATION FOR AIRCRAFT RATING ENDORSEMENT



## Instructions

### General

1. This application form will take approximately 5 minutes to complete. Incomplete applications will not be processed.
2. The completed form is to be submitted to:  
*Licensing Section, Safety Policy & Licensing Division, Civil Aviation Authority of Singapore,  
South Finger Pier level 3, #038-039, Singapore Changi Airport Terminal 2, Singapore 819643*

### Collection

3. Assessment of the application will take approximately **5 working days** from the date of submission. You will be notified when the licence is ready for collection at the Personnel Licensing office

### Documents to be Submitted

	For CAAS Use
Singapore Pilot Licence (If applicable)	
Summary of Flying Hours for CPL/ MPL Applicants	
For endorsement/ renewal of lapsed aircraft rating, completed training report certified by the organisation	
Attachment to FC(32) for the relevant aircraft type sought or Base Check form as appropriate	
Copy of Aircraft Type Technical Results (If applicable)	
For Zero Flight Time – completion of external checks	
For Mixed Fleet Flying – most recent base check form (If applicable)	
For Renewal of Lapsed Aircraft Rating, exam results (If applicable)	

## Part I – Type of Application

<input type="checkbox"/> Aircraft Rating Endorsement  <input type="checkbox"/> Revalidation of Aircraft Rating	<input type="checkbox"/> Renewal of Lapsed Aircraft Rating Period of Lapse: <input type="checkbox"/> ≤1 yr <input type="checkbox"/> >1 yr but ≤5 yrs <input type="checkbox"/> >5 yrs but ≤10 yrs <input type="checkbox"/> >10 yrs	<input type="checkbox"/> Mixed Fleet Flying Endorsement
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Part II – Personal Particulars			
Name as in NRIC/ Passport ( <u>underline</u> surname)			
Address:		Tel (Home):	
		Tel (Mobile):	
Email Address:		Name of Employer:	
Licence Type:	Licence No.:	NRIC No.: (For Singapore Citizen/PR)	FIN/Passport No.:

Part III – Training Completed	
Training Organisation:	
Aircraft Type Sought for Endorsement:	Date Passed Aircraft Type Technical Examination:
<b>Type of Training:</b> Please tick the appropriate box(es).	
<input type="checkbox"/> CPL/ MPL Training* (Delete where applicable)	<input type="checkbox"/> Foreign Licence Conversion
<input type="checkbox"/> Full Type Rating Programme	<input type="checkbox"/> STAR/ CCQ/ Differences Training Programme
<input type="checkbox"/> Reactivation Programme	<input type="checkbox"/> Mixed Fleet Flying
<input type="checkbox"/> Abbreviated Reactivation Programme	<input type="checkbox"/> Zero Flight Time Training (ZFTT) Date of Completion of ZFTT Session:
<input type="checkbox"/> Others Pls specify: _____	<input type="checkbox"/> Nil
Date of Commencement of Training:	Date of Completion of Training:
Date of Last Aircraft Rating Test:	Aircraft Type:

Part IV – For Mixed Fleet Flying Applicant	
Primary Aircraft Type :	Secondary Aircraft Type :
Date of Most Recent Flight Test on Primary Aircraft Type:	Date of Most Recent Flight Test on Secondary Aircraft Type:

**Part V – Declaration and Consent to Disclosure and Collection of Information.**

Please answer all the questions below. If the answer is "Yes", please provide details in the textbox below, otherwise check "No".

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| 1. Have you contravened any provision in the Air Navigation Act or any aviation safety subsidiary legislation that results in imposition of conditions, suspension or revocation of your aviation safety instrument? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently or have been disqualified from holding any aviation safety instrument?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been the subject of any investigation or suspension actions by any civil aviation authority(s)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any history of physical or mental health or serious behavioural problems?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you convicted for any offence, whether or not the conviction was in a Singapore court?  | <input type="checkbox"/> | <input type="checkbox"/> |

**If "Yes", please provide details:**

- I declare to the best of my knowledge and belief that the statements made and the information supplied in this form are complete and correct. I understand that any false representations made by me for the purpose of procuring the Singapore aviation safety instrument is an offence under section 29C(1)(b) of the Air Navigation Act and I may be subject to the penalties stipulated thereunder and any Singapore aviation safety instrument granted pursuant to the application will be revoked.

I hereby declare that I will maintain secrecy of all radiotelephony communications and shall not improperly divulge to any person the purpose or contents of any message which may come to my knowledge in connection with the operation of any radio apparatus on board the aircraft.

I agree that CAAS may collect, use, and disclose my personal data to the Government of the Republic of Singapore and other public agencies, and aviation authorities, as provided in this application form, or obtained by CAAS as a result of processing my application for the purposes of assessing my application and the administration of any regulatory document that may be granted by CAAS, verification of regulatory documents issued by CAAS, or enforcing and ensuring my compliance with the relevant transport safety regulatory requirements.

(Please check the box below to indicate your preference)

- I agree that CAAS may collect and use my personal data, which includes my contact information (e.g. email addresses, phone numbers and postal addresses) to receive information on aviation-related events and training.

Please visit our <https://www.caas.gov.sg/privacy-statement> for further details on our privacy statement

Signature of Applicant:

Date (dd/mm/yyyy):

### Part VI – Declaration by Head of Training

The applicant has satisfactorily completed a course integrating ground, flying and simulator training on the aircraft type sought for endorsement and demonstrated a satisfactory level of proficiency to the Authorised Examiner(s) in the aeroplane or approved simulator for the specified test items in the following aspects of operation:

- (1) The use of all the equipment fitted to this aircraft which is under the responsibility of the flight crew.
- (2) The performance of normal, alternate and emergency drills appropriate to the flight crew duties as defined in the relevant Flight and/or Company Operations Manual.
- (3) Ability to carry out all normal in-flight procedures at the systems panel of the aircraft.
- (4) Met all the requirements for Mixed Fleet Flying operations. (For MFF applicants only)

Name : \_\_\_\_\_ Designation : \_\_\_\_\_

Signature/ Date : \_\_\_\_\_ Company Stamp : \_\_\_\_\_

### For Official Use

Date application received (dd/mm/yyyy):	Received by:	Completed Training Report/Summary of Flying Hours submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Aircraft Type Technical Examination Valid? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	AFE Authority valid? <input type="checkbox"/> Yes <input type="checkbox"/> No	For MFF endorsement: Both Aircraft Ratings valid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Aircraft Rating Test Date:	Instrument Rating Test Date:	Rating Processed by:	
Reason for rejection (if applicable):	Rejected by:	Date of rejection (dd/mm/yyyy):	Date applicant notified (dd/mm/yyyy):