



FLIGHT CREW PERMIT/LICENCE APPLICATION FOR ENDORSEMENT OF A RATING

Receipt Number/Order ID
Amount Paid

THE HOLDER MUST POSSESS A VALID MEDICAL IN ORDER TO EXERCISE THE PRIVILEGE OF THE PERMIT/LICENCE

PART A			
Full Given Name		Surname	
Mailing Address			Telephone number (999-999-9999)
City	Province/Territory	Email	
Licence Number	Date of Birth (yyyy-mm-dd)	Medical Category	Last Medical (yyyy-mm-dd)

PART B – COMPLETE RATINGS APPLIED FOR			
Aircraft Category			
<input checked="" type="checkbox"/> Aeroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Balloon <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Ultra-light			
Rating(s) Applied For (corresponding sections for each selected check box will be made available below and must be completed)			
<input type="checkbox"/> Aerobatic Instructor <input type="checkbox"/> Balloon Instructor <input type="checkbox"/> Glider Instructor <input type="checkbox"/> Gyroplane Instructor <input checked="" type="checkbox"/> Instructor Rating			
<input type="checkbox"/> Instrument Rating <input type="checkbox"/> Land/Sea <input type="checkbox"/> Multi-Engine <input type="checkbox"/> Night Rating <input type="checkbox"/> Second Officer/Flight Engineer			
<input type="checkbox"/> Type Rating <input type="checkbox"/> Ultra Light Instructor Rating <input type="checkbox"/> VFR Over-the-Top Rating			
Instructor Rating			
Training completed in aircraft registration marks		Transport Canada Type and ID of Simulator(s) (if applicable)	
Instructor Techniques	<input type="radio"/> Class 1 <input type="radio"/> Class 3 <input type="radio"/> Class 2 <input type="radio"/> Class 4	Ground School Time	
Ground Time	Dual Time	Credit Available (select credit and provide proof)	
<input type="checkbox"/> Second Officer <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Airship Type Rating		<input type="checkbox"/> Knowledge <input type="checkbox"/> Experience	
<input type="checkbox"/> Glider Instructor <input type="checkbox"/> Balloon Instructor		<input type="checkbox"/> DND <input type="checkbox"/> Foreign	

DECLARATION	
I hereby declare that I have completed the training and flight time prescribed in the <i>Canadian Aviation Regulations</i>, and that Part B contains a true summary of experience relative to this application.	
_____ Date (yyyy-mm-dd)	_____ Signature

PART C – RECOMMENDATION	
To be completed by the person who evaluated the applicant's competency or who is recommending the applicant for a flight test.	
<input type="radio"/> I have assessed the applicant's skill and consider them competent to hold _____ rating(s);	
<input type="radio"/> This applicant is recommended for a flight test.	
Licence Number	Organization
_____ Date (yyyy-mm-dd)	_____ Print Name
_____ Signature	

PART D – CERTIFICATION OF LICENCE PRIVILEGES BY AUTHORIZED PERSON		
Permit / Licence Number _____ was certified for the addition of _____		
rating, on: Date (yyyy-mm-dd) _____		
Licence Number	Organization	Appointment Expiry Date (yyyy-mm-dd)
Date (yyyy-mm-dd) _____	Print Name _____	Signature _____
PART E – FOR DEPARTMENTAL USE ONLY		
Checked and recommend endorsement of (Official rating title)		
Date (yyyy-mm-dd) _____	TCCA Inspector or STO Signature _____	

- Submit this form to an authorized person or to your [TCCA Regional Office](#)
- Parts **A**, **B** and **C** must be completed prior to submission.
- This application must be accompanied by **proof of payment, flight test report, digital copy of the pilot training record, certified logbook, letter of recommendation as applicable.**
- To aid in efficient service, it is preferred that this form and any supporting documents be filled out and signed digitally. They may then be submitted by email to your TCCA Regional Office.
- The preferred method of fee payment is via the Online Payment System <https://wwwapps.tc.gc.ca/Comm/5/OPS>
- Fee payments may also be made with credit cards (Visa, MasterCard or American Express), in Canadian funds, at the TCCA regional office that provided the service or through the TCCA Communications Centre telephone service @ 1-800-305-2059. Applicants choosing the “civil aviation fee payment” option from the the TCCA Communications Centre telephone service will:
 - be required to pay by credit card;
 - receive a call back from TCCA with the order ID or receipt number; and
 - receive an e-mail confirmation.

Transport Canada (TC) is committed to protecting the privacy rights of individuals and safeguarding the personal information under its control. Personal information collected by TC is protected from disclosure to unauthorized persons and/or agencies subject to the provisions of the *Privacy Act*. This information is used to administer the Canadian civil aviation flight crew and air traffic controller licensing program or activity and determine eligibility for the flight crew licenses and air traffic controller permits and licenses. The information is required by the Department for the issuance of Canadian Aviation Documents (licences and permits) to persons who pilot and control aircraft and will be used to validate, monitor and control the information pertaining to those documents. The personal information is collected pursuant to Section 4.9 of the *Aeronautics Act* and Part IV of the *Canadian Aviation Regulations – Personnel Licensing and Training – Subpart 1 – Flight Crew Permits, Licenses and Ratings*. Personal information will be protected under the provisions of the *Privacy Act* (PIB TC PPU 005). Your personal information may be used or disclosed for law enforcement and safety. Name, address and license status may also be shared with other Civil Aviation Authorities as part of TC’s international commitments under the International Civil Aviation Organization (ICAO). By providing your personal information, you acknowledge that you have read and understood this statement and consent to the Department’s collection, use and disclosure of your personal information.