

IDENTIFICATION

Trainee Name: _____ ☐ MALE ☐ FEMALE

Trainee Identification (If Spanish use DNI) – PASSPORT / DNI: _____

FUNCTION: ☐ PIC / CAPTAIN / CM1 or ☐ COPILOT / FIRST OFFICER / CM2

Address: _____

Mobile: _____ Phone: _____

Electronic address: _____

LICENSE & FLIGHT EXPERIENCE

LICENSE Type & Number	VALID UNTIL	ISSUING STATE / AUTHORITY	OTHERS
<input type="checkbox"/> ATPL <input type="checkbox"/> CPL Number: _____	Day / Month / Year ____ / ____ / ____		

LICENSE TYPE RATINGS & AUTHORIZATIONS	FLYING HOURS ON TYPE	AUTHORIZATIONS
ME/IR	Validity date: _____	
Type rating: _____	Validity date: _____ hours	
Type rating: _____	Validity date: _____ hours	
Type rating: _____	Validity date: _____ hours	

OTHER AIRCRAFT FLOWN:

AIRCRAFT TYPE	TOTAL FLYING HOURS	HOURS AS PIC	From Year --- to Year ---

FOR JAA LICENSES, IN CASE OF FIRST ISSUE OF MULTIPILOT TYPE RATING:

MCC (Data of delivery date): _____			
ATPL (A) FROZEN:	Certificate delivery date:		By: _____
Certificate of Flying Hours as PILOT IN COMMAND (PIC)			By: _____

ENGLISH LANGUAGE PROFICIENCY

FLUENT: ☐ YES ☐ NO

I declare all data above consigned are correct as far I am concerned.

DATE: _____

TRAINEE SIGNATURE: _____

TYPE OF COURSE REQUESTED	*To be filled by CAE Training Department ONLY REQUEST APPROVED BY HEAD OF TRAINING NAME: _____ SIGNED: _____ DATE: _____