



Flight Crew Licence  
Certificate of Validation Application (**Initial and Re-issue**)

Instructions on the completion of the form can be found at section 8.

1 PERSONAL DETAILS	
Surname	<.....>
Forename(s)	<.....>
Birth Date (dd/mm/yy)	<.....>
Contact number	<.....>
E-mail	<.....>

2 CURRENT LICENCE HELD	
<input checked="" type="checkbox"/>	<i>Please tick as appropriate</i>
<input type="checkbox"/>	Airline Transport Pilot licence (aeroplane)
<input type="checkbox"/>	Airline Transport Pilot licence (helicopter)
<input type="checkbox"/>	Commercial Pilot licence (aeroplane)
<input type="checkbox"/>	Commercial Pilot licence (helicopter)
<input type="checkbox"/>	<i>Private Pilot Licence (aeroplane)</i>
<input type="checkbox"/>	<i>Private Pilot licence (helicopter)</i>

3 CURRENT LICENCE DETAIL	
Licence issuing State	<.....>
Full licence number	<.....>
Date of licence issue (dd/mm/yyyy)	<.....>
Ratings listed on licence (Use additional sheets if necessary)	<.....> <.....>
Date of last licence flight check/ proficiency check (dd/mm/yyyy)	<.....>
Radio Operators Licence number	<.....>
Date of Instrument rating renewal (if applicable) (dd/mm/yyyy)	<.....>
Restrictions listed on licence (if applicable)	<.....>

<b>4</b>	<b>MEDICAL CERTIFICATE</b>	
Medical certificate issuing State	<.....>	
Class of Medical	<.....>	
Date of last Medical (dd/mm/yyyy)	<.....>	
Date Medical Expires (dd/mm/yyyy)	<.....>	
Restrictions listed on medical (if applicable)	<.....>	

<b>5</b>	<b>AIRCRAFT FOR WHICH VALIDATION IS REQUIRED</b>		
Aircraft Type	<.....>		
Aircraft Registration number(s)	<.....>		
Additional information:			
Aircraft Operator Name	<.....>		
Registered Address	Telephone	<.....>	
<.....>	Fax	<.....>	
<.....>	Email	<.....>	
<.....>	Cell Phone	<.....>	
<.....>	Website	<.....>	
<.....>			

<b>6</b>	<b>FLIGHT TIME</b>				
Flight time in previous 12 months	Total time	<.....>	PIC time	<.....>	
Flight time on type/class to be validated in previous 12 months	Total time	<.....>	PIC time	<.....>	
Flight Recency as required by your State of Licence Issue	Date(s)	<.....>			
Simulator time on type to be validated in previous 12 months	Total time	<.....>			

<b>7</b>	<b>DECLARATION BY APPLICANT</b>	
Article 173 of the Air Navigation (Overseas Territories) Order 2013 (as amended) provides that a person shall not make any false representation for procuring for himself or any other person, the grant, issue, renewal or re-certification of any certificate or licence.		
<b>I hereby declare that the statements made are to the best of my belief correct</b>		
Signature: ..... Date: .....		

<b>8</b>	<b>INSTRUCTIONS FOR COMPLETION OF FORM</b>
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Complete the form in BLOCK CAPITALS unless otherwise indicated.

Sections 2, 3, 4 & 6 require supporting documentation detailed in section 9 of this form.

<b>9</b>	<b>DOCUMENTATION REQUIRED FOR THIS APPLICATION</b>
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The form must be accompanied by **ALL** of the following documentation. If not included in submission, or if any required documentation is no longer valid/current, the application will not be processed:

Copy of Flight Crew Licence (posted or emailed – pdf only)	<input type="checkbox"/>
Copy of Medical Certificate (posted or emailed – pdf only)	<input type="checkbox"/>
Copy of logbook showing total flying and time on relevant type/class (posted or emailed – pdf only)	<input type="checkbox"/>
Logbook evidence of the flight check, as required by the State of Licence Issue, to maintain your base licence (posted or emailed – pdf only)	<input type="checkbox"/>
Logbook evidence of your flight recency, as required by the State of Licence Issue (posted or emailed – pdf only)	<input type="checkbox"/>
Copy of Passport (posted or emailed – pdf only) <b>(for Initial Issue only)</b>	<input type="checkbox"/>

<b>10</b>	<b>PRIVACY NOTICE – PERSONNEL LICENSING</b>
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Air Safety Support International Limited collects and stores your personal details i.e. name, date of birth, contact details and other submitted licensing documentation for the purpose of your application.

The processing of your personal information is necessary for compliance with the Air Navigation (Overseas Territories) Order.

We may need to share the data supplied on your licence with the issuing State/Regulatory Authority for the purpose of verifying authenticity.

If you do not consent to the sharing of this information, ASSI will be unable to process your application.

We will delete all personal information associated with your application within a maximum of 7 years following the expiry of your latest issued documentation or 1 year following an abandoned application.

**Your Personal Data Rights**

You may withdraw consent at any time by emailing [enquiries@airsafety.aero](mailto:enquiries@airsafety.aero)

More information on your personal data rights can be found at:

<http://www.airsafety.aero/About-ASSI/General-Data-Protection-Regulation/Your-Personal-Data-Rights.aspx>

You have a right to complain to the [ICO https://ico.org.uk/make-a-complaint/your-personal-information-concerns/](https://ico.org.uk/make-a-complaint/your-personal-information-concerns/) about ASSI's processing of personal data.

Our General Privacy Notice can be viewed at:

<http://www.airsafety.aero/About-ASSI/General-Data-Protection-Regulation/General-Privacy-Notice.aspx>

<b>11</b>	<b>SUBMISSION INSTRUCTIONS</b>
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The completed form and documentation requested at Section 9 should be sent to:

Personnel Licensing (FCL)  
Air Safety Support International  
3<sup>rd</sup> Floor, The Galleria, Station Road  
Crawley, West Sussex RH10 1WW  
UNITED KINGDOM  
Licensing enquiries [licensing@airsafety.aero](mailto:licensing@airsafety.aero)  
General email [enquiries@airsafety.aero](mailto:enquiries@airsafety.aero)  
Website [www.airsafety.aero](http://www.airsafety.aero)

**All validation applications will be verified with the original licence issuing State. A decision on whether to issue the validation will be delayed until the verification process is complete.**

**Original documentation may be verified at a later date when either at an examination sitting or by the ASSI Flight Operations Inspector.**

**Validations will be issued until the end of the following May, if your medical certificate expires prior to this date you must submit your renewed certificate for our records.**

<b>12</b>	<b>FORM IDENTIFICATION</b>
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