



## APPLICATION FOR FOREIGN LICENCE VALIDATION CERTIFICATE

<b>PART A – PERSONAL (please print)</b>			
Surname		Given Names	
Date of Birth (yyyy-mm-dd)	Gender <input type="radio"/> M <input type="radio"/> F	Citizenship	
Home Telephone (999-999-9999)	Work Telephone (999-999-9999)	Fax Number (999-999-9999)	Cellphone (999-999-9999)
Previous Canadian Aviation Document Type                      Licence Number		Email	
Temporary Address in Canada			
Permanent Address Outside Canada			
<b>PART B – FOREIGN LICENCE INFORMATION</b>			
Type of Licence	Country of Issue	Foreign Licence Number	
Rating	Last Medical Examination Date <input type="radio"/> Canadian <input type="radio"/> Foreign	Date (yyyy-mm-dd)	
In accordance with section 7.3 of the <i>Aeronautics Act</i> , I declare that the statements made in this application are true.			
_____		_____	
Signature of Applicant		Date (yyyy-mm-dd)	
<b>PART C – FOREIGN LICENCE VALIDATION CERTIFICATE PURPOSE</b>			
<input type="checkbox"/> Private Recreational <input type="checkbox"/> Ferry Flight <input type="checkbox"/> Flight Training			
<input type="checkbox"/> Commercial Operations (See CAR 421.07) Requirements <sup>1</sup>		A/C Type	Mark
<b>PART D – TO BE INCLUDED WITH THIS APPLICATION</b>			
<input type="checkbox"/> \$45.00 Licensing Fee    And copies of: <input type="checkbox"/> Foreign Licence <input type="checkbox"/> Proof of Medical Validity <input type="checkbox"/> Identification Documents (Passport)			
Licensing Fee (payment amount according to CAR 104 Schedule IV)			
Method of Payment <input type="radio"/> Online (Credit Card) <input type="radio"/> Check (Included)		Receipt/Order Number	
<b>PART E – FOR TRANSPORT CANADA USE ONLY</b>			
Receipt No.		Issued By	
Issued On (yyyy-mm-dd)		Region	

<sup>1</sup> Contact TC at <https://www.tc.gc.ca/eng/civilaviation/opssvs/general-personnel-licensing-1804.htm>

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