

	FORMULAIRE DE DEMANDE/ APPLICATION FORM	POR03-FOM-01-A
	PILOTE DE RPA (DRONE)	Date : 16/03/2021
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N°

I. INFORMATION PERSONNEL/PERSONAL DETAILS

1. **NOM & PRENOMS / LAST NAME & FIRST NAMES:**
2. **DATE DE NAISSANCE / DATE OF BIRTH :**
3. **LIEU DE NAISSANCE / PLACE OF BIRTH :**
4. **NATIONALITE / NATIONALITY :**
5. **ADRESSE / ADDRESS :**
6. **TELEPHONE / TELEPHONE :**
7. **E-MAIL :**

II. LICENCE ORIGINELLE / ORIGINAL LICENSE

1. **TYPE DE VOL/ TYPE OF FLIGHT :**
2. **N° LICENCE/ LICENSE N° :**
3. **AUTORITE DE DELIVRANCE/ ISSUING AUTHORITY :**
4. **QUALIFICATION DE TYPE/CLASSE/ TYPE/CLASS RATING :**
5. **AUTRES QUALIFICATIONS/ OTHER RATING :**
6. **VALIDITE/ VALIDITY :**

III. CERTIFICAT MEDICAL/ MEDICAL CERTIFICATE

1. **CLASSE/ CLASS :**
2. **DATE DE LA DERNIERE VISITE / DATE OF LAST MEDICAL :**

IV. EXPERIENCE DE VOL/ FLYING EXPERIENCE

1. **HEURES TOTALES DE VOL/TOTAL FLYING HOURS :**
2. **HEURES DE VOL DES SIX DERNIERS MOIS/LAST SIX MONTH FLYING HOURS :**
3. **HEURES DE VOLS A VUE/VISUAL FLIGHT HOURS :**
4. **HEURES DE VOLS HORS VUE/FLIGHT OUT OF SIGHT HOURS :**
5. **HEURES D'INSTRUCTION/INSTRUCTION HOURS :**

Date / Date

Signature du requérant /signature of applicant

PIECES JOINTES/ATTACHED FILES

- 01 copie licence originelle / copy of original license
- 01 copie certificat médical/copy of medical certificate
- 01 copie diplôme académique / copy of academic certificate
- 01 copie attestation de qualification de type /Classe/ copy of certificate of type/class rating
- 01 copie attestation FH/ copy of CRM certificate
- 01 copie id/ copy id
- 01 photo d'identité/photograph