



**Civil Aviation Authority of Nepal
Flight Safety Standards Department
Licensing and Examination Division**

APPLICATION FOR TYPE RATING EXAMINATION

To be accompanied by evidence of having met the requirement with respect to age, full name, citizenship, medical fitness, knowledge, experience, skill and fees.

Surname : First Name : Age (18) :
 Holds : Licence No. : Valid Until :
 Issued By :

Have you attempted this examination before ?

I intend to qualify for rating examination as below :

- a) Type of aircraft
- b) Technical/Performance
- c) Instructor Rating
- d) Oral/Written Exam

Medically (Class I) Fit With Effect From : / /....

Experience

i. Basic CPL Exam : Pass / Fail (Date :.....)

Exam Fees :

Knowledge : Evidence of having completed a course of approved training.

Organisation Recommendation :-

Name :

Signature :

Stamp :

Applicant's Signature

Date :

Telephone to Contact :

Note : Figures in brackets show minimum requirements.