



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

**FORM FOR ATPL (HELICOPTER) ISSUANCE**

Name :	Date of Birth :
Sex :	Age (21) :
Approved training :-	Holds :-
Licence No. .... issued by ICAO Contracting State or Name of flying school:	Class & Category Rating :
Organization :	Nationality :
Marital Status :	Licence (CPL) :
Medical Assessment (Class-I)	Multi Pilots (400 Hrs) :
Total Hours (1000 Hrs) : a) PIC (100 Hrs.) : b) Night (50 Hrs.) : c) Under Supervision (150 Hrs.): d) Cross Country (200 Hrs.) :	
ATPL exam from Contracting State :	
Type Rating:	CRM and DG Training Certificate:
Aviation Language Proficiency Level & Validity	Logbook Certified Copy/ CA-39:
Copy of valid licence:	CAAN Fee :

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Prepared By:  
(Operator's Representative)

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Checked By:  
(Licensing Officer)

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Verified By:  
(Chief, LED)

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Recommended By:  
(Director, FSSD)

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Approved By:  
(Director General)