



English Language Proficiency Testing Requirement For Initial Issuance of Flight Crew Certificate

The General Authority of Civil Aviation (GACA) announces that GACA Saudi Academy of Civil Aviation (SACA) is an approved Saudi Aviation English Language Proficiency Test (SAELPT) provider for flight crew (pilots, flight engineers and flight navigators).

Effective 1 August 2009, GACA will require SAELPT Level 4 (minimum) as part of the eligibility requirements for the initial issuance of GACA flight crew (pilots, flight engineers and flight navigators) certificates.

Therefore, all applicants pursuing GACA flight crew certificates are required to contact SACA for information and test setup.

SACA contact details:

Mr. Mishall Ghaffaar – Head of English Department
Mobile: +966 56 291-6226
Email: saelpt@gmail.com

Mr. Asif Pandor – SAELPT Administrator
Telephone: +966 2 671-7717 Ext. 417
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Requirements for ELP Testing

- A **fully completed** bio-data form (*Attached below*).
- One recent photograph **stapled to** the bio-data form.
- A **copy** of the candidate's Saudi ID.
- A **copy** of the candidate's passport.
- A **copy** of the candidate's Pilot License.
- A **copy/original** receipt of payment.

ALL REQUIREMENTS LISTED ABOVE MUST BE SUBMITTED IN A GREEN HANGING FOLDER

Applications that do not comply with the requirements above will **NOT** be processed.

Thank you for your cooperation.

Saudi Academy of Civil Aviation
Saudi Aviation English Language Proficiency Test

Bio-data Form

FORM TO BE COMPLETED IN **BLOCK CAPITALS**.

SECTIONS **1-4** MUST BE **FULLY** COMPLETED,

OTHERWISE YOUR FORM WILL **NOT** BE PROCESSED.

PLEASE WRITE **CLEARLY**.

Photo
to be **stapled**
on by
candidate.

SECTION 1: A (IDENTIFICATION)

PLEASE SPELL YOUR NAME AS IT APPEARS IN YOUR PASSPORT		
FIRST NAME	MIDDLE NAME	FAMILY NAME
PASSPORT NUMBER	ID NUMBER	

SECTION 1: B (PERSONAL INFORMATION)

PLEASE CROSS (X) THE APPROPRIATE BOX.					
GENDER:	Male		Female		
DATE OF BIRTH:	DD		MM		YYYY
NATIONALITY:					
NATIVE LANGUAGE:					

SECTION 1: C (LICENSE DETAILS)

PLEASE CROSS (X) THE APPROPRIATE BOX. IF 'OTHER' , PLEASE SPECIFY .					
PILOT:	ATP		CP		PPL
ATC:	APPROACH		ENROUTE		TOWER
OTHER:					
LICENSE NUMBER			NAME OF ISSUING ORGANIZATION		
DATE ISSUED			EXPIRY DATE		

SECTION 1: D (CONTACT DETAILS)

TELEPHONE NO. (MOBILE)	TELEPHONE NO. (COMPANY)
EMAIL ADDRESS:	
CURRENT ADDRESS	
STREET NAME:	
P.O. BOX:	
DISTRICT & CODE:	
CITY & CODE:	

SECTION 2: A (EDUCATIONAL BACKGROUND/ OTHER INFORMATION)

PLEASE PROVIDE ***THE NAME OF THE EDUCATIONAL INSTITUTE*** IN THE FIRST ROW'S.

HIGH SCHOOL:		
STARTED	FINISHED	LOCATION
MM / YYYY	MM / YYYY	

DIPLOMA:		
SUBJECT(S):		
STARTED	FINISHED	LOCATION
MM / YYYY	MM / YYYY	

UNDERGRADUATE:		
SUBJECT(S):	MAJOR	MINOR
STARTED	FINISHED	LOCATION
MM / YYYY	MM / YYYY	

POSTGRADUATE:		
SUBJECT(S):		
STARTED	FINISHED	LOCATION
MM / YYYY	MM / YYYY	

PLEASE COMPLETE ***AFTER*** FILLING THE REST OF THE FORM

OTHER AVIATION-RELATED/ RELEVANT INFORMATION

SECTION 2: B (POST-EDUCATION/ WORK-BASED TRAINING IN AVIATION)

PLEASE PROVIDE **THE NAME OF THE INSTITUTE/ COMPANY** IN THE FIRST ROWS.

INSTITUTE:

COURSE:

STARTED	FINISHED	LOCATION
MM / YYYY	MM / YYYY	

INSTITUTE:

COURSE:

STARTED	FINISHED	LOCATION
MM / YYYY	MM / YYYY	

INSTITUTE:

COURSE:

STARTED	FINISHED	LOCATION
MM / YYYY	MM / YYYY	

SECTION 3: (EMPLOYMENT HISTORY)

PLEASE PROVIDE **THE NAME OF THE COMPANY/ ORGANIZATION** IN THE FIRST ROWS.

COMPANY:

JOB TITLE:

STARTED	FINISHED	LOCATION
MM / YYYY	MM / YYYY	

COMPANY:

JOB TITLE:

STARTED	FINISHED	LOCATION
MM / YYYY	MM / YYYY	

COMPANY:

JOB TITLE:

STARTED	FINISHED	LOCATION
MM / YYYY	MM / YYYY	

SECTION 4: (FEES)

<i>PLEASE CROSS ('X') THE APPROPRIATE BOX.</i>			
TEST FEES PAID BY:			
SELF		COMPANY	
RECEIPT OF RESULTS:			
SELF COLLECTION		SEND TO COMPANY	
<i>IF SENT TO THE COMPANY:</i>			
COMPANY NAME:			
<i>FOR THE ATTENTION OF:</i>			<i>POSITION:</i>
<i>TELEPHONE NUMBER:</i>			<i>FAX NUMBER:</i>
EMAIL ADDRESS:			
P.O. BOX:			
DISTRICT & CODE:			
CITY & CODE:			

SECTION 5: (POST-TEST OFFICIALITIES)

CANDIDATE'S SIGNATURE	DATE	OFFICIAL'S SIGNATURE	DATE

TEST SCHEDULE ACKNOWLEDGEMENT			
TEST DATE:		TEST TIME:	
LOCATION:			
SAELPT ID:			

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TEST SCHEDULE ACKNOWLEDGEMENT			
TEST DATE:		TEST TIME:	
LOCATION:			
SAELPT ID:			