



Airman Certificate and/or Rating Application

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|---|----------------|---|-----------------------|--|---------------------------|
| I. APPLICATION INFORMATION: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Additional Rating | | | GACA Certificate No.: | | |
| <input type="checkbox"/> Reissuance, Reason _____ | | | | | |
| <input type="checkbox"/> MECHANIC <input type="checkbox"/> AIRFRAME <input type="checkbox"/> POWERPLANT | | <input type="checkbox"/> REPAIRMAN _____ (Specify Rating) | | PHOTO 3 x 3 cm White background with no head cover. | |
| A. Name (First, Middle, Last) | | B. Saudi ID/Iqama No. | C. Passport No. | | D. Date of Birth |
| E. Address Street: _____ House #: _____ City: _____ State/Province: _____ Country: _____ Postal Code: _____ Phone #: (Land) _____ (Mobile) _____ E-Mail: _____ | | | F. Place of Birth | | G. Country of Citizenship |
| H. Do you read, speak, write, & understand the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| I. Height (cm) | J. Weight (kg) | K. Hair | L. Eyes | M. Sex | |
| N. Do you now hold, or have you ever held a GACA Airman Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | O. Type of Certificate | P. Certificate Number | Q. Issue Date | R. Expiry Date |
| S. Have you ever had an Airman certificate suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes" explain below. Continue on a separate sheet, if more space needed)</i> | | | | | |
| T. Have you ever been convicted for violation of any statutes related to psychoactive substances? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | U. Date of Final Conviction | |

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| II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF: | | | | |
| <input type="checkbox"/> A. Civil Experience | | <input type="checkbox"/> B. Military Experience | | <input type="checkbox"/> C. Letter of Recommendation for Repairman <i>(Attach Copy)</i> |
| <input type="checkbox"/> D. Graduate of Approved School | 1. School Name | | 2. School Location | |
| | 3. School No. | 4. Curriculum from which graduated | | 5. Graduation Date |
| <input type="checkbox"/> E. Student has made satisfactory progress and is recommended to take the Oral/Practical test (GACA/FAR 65.80) | 1. School Name | | 2. School Location | |
| | 3. School No. | 4. School Official Name / Signature | | |
| <input type="checkbox"/> F. Special Authorization to take Mechanic's Oral/Practical test (GACA/FAR 65.80) | 1. Date Auth. | 2. Date Auth. Expires | 3. GACA Inspector Name / Signature | |
| <input type="checkbox"/> G. Holder of Foreign License/Certificate | 1. Country | 2. Type of License | 3. Number | 4. Issue Date |
| | 6. Ratings | | 7. Limitation | |

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| III. RECORD OF WORK EXPERIENCE AND TRAINING | | | | |
| A. MILITARY COMPETENCE OBTAINED IN | (1) SERVICE | (2) RANK OR PAY LEVEL | (3) MILITARY SPECIALTY CODE | |
| B. APPLICANTS OTHER THAN GACA CERTIFICATED SCHOOL GRADUATES. LIST EXPERIENCE AND TRAINING RELATED TO CERTIFICATE AND RATING APPLIED FOR. <i>(Continue on a separate sheet, if more space needed).</i> | | | | |
| DATES (Month and Year) | | TYPE WORK PERFORMED | EMPLOYER | LOCATION |
| FROM | TO | | | |
| | | | | |
| | | | | |
| DATES (Month and Year) | | AVIATION TRAINING | ORGANIZATION | LOCATION |
| FROM | TO | | | |
| | | | | |
| | | | | |

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| IV. Have you failed a test for this certificate or rating? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| V. Applicant's Certification - I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any GACA certificate to me. I understand that willful false statements made on this form my result in legal action under the laws of the Kingdom of Saudi Arabia. I certify that copies of documents provided are true copies of original documents which I have reviewed. | | | | |
| Name: _____ | Signature : _____ | | Date: _____ | |

| | | | | |
|-----------------------------|--|----------------------|--|--|
| VI. EMPLOYER/SPONSOR: _____ | | | | |
| ADDRESS: _____ | | | | |
| E MAIL: _____ | | TEL. No. _____ | | |
| NAME: _____ | | TITEL: _____ | | |
| SIGNATURE: _____ | | OFFICIAL SEAL: _____ | | |

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| VII. I FIND THIS APPLICANT MEETS THE REQUIREMENTS OF GACA/FAR 65 AND IS ELIGIBLE TO TAKE THE REQUIRED TESTS. | DATE: _____ | INSPECTOR'S NAME / No.: _____ | INSPECTOR'S SIGNATURE: _____ | |
| | | | | |



| RESULTS OF KNOWLEDGE TESTS | | | | | | | | | | REMARKS: |
|---------------------------------------|--|--|-------------------------------|--|--|------------------------|--|--|--|-------------------------------|
| GENERAL | | | AIRFRAME | | | POWERPLANT | | | | |
| Date | | | Date | | | Date | | | | |
| Take | | | Take | | | Take | | | | |
| Score | | | Score | | | Score | | | | |
| RESULTS OF ORAL AND PRACTICAL TESTS | | | | | | | | | | |
| MECHANIC | | | | | | | | | | |
| I. GENERAL - Airframe and Powerplant | | | | | | | | | | |
| ORAL TEST | | | <input type="checkbox"/> PASS | | | EXPIRATION DATE: _____ | | | | <input type="checkbox"/> FAIL |
| QUES. NO. | | | | | | | | | | |
| PRACTICAL TEST | | | <input type="checkbox"/> PASS | | | EXPIRATION DATE: _____ | | | | <input type="checkbox"/> FAIL |
| PROJECT NO. | | | | | | | | | | |
| II. AIRFRAME STRUCTURES | | | | | | | | | | |
| ORAL TEST | | | <input type="checkbox"/> PASS | | | EXPIRATION DATE: _____ | | | | <input type="checkbox"/> FAIL |
| QUES. NO. | | | | | | | | | | |
| PRACTICAL TEST | | | <input type="checkbox"/> PASS | | | EXPIRATION DATE: _____ | | | | <input type="checkbox"/> FAIL |
| PROJECT NO. | | | | | | | | | | |
| III. AIRFRAME SYSTEMS AND COMPONENTS | | | | | | | | | | |
| ORAL TEST | | | <input type="checkbox"/> PASS | | | EXPIRATION DATE: _____ | | | | <input type="checkbox"/> FAIL |
| QUES. NO. | | | | | | | | | | |
| PRACTICAL TEST | | | <input type="checkbox"/> PASS | | | EXPIRATION DATE: _____ | | | | <input type="checkbox"/> FAIL |
| PROJECT NO. | | | | | | | | | | |
| IV. POWERPLANT THEORY AND MAINTENANCE | | | | | | | | | | |
| ORAL TEST | | | <input type="checkbox"/> PASS | | | EXPIRATION DATE: _____ | | | | <input type="checkbox"/> FAIL |
| QUES. NO. | | | | | | | | | | |
| PRACTICAL TEST | | | <input type="checkbox"/> PASS | | | EXPIRATION DATE: _____ | | | | <input type="checkbox"/> FAIL |
| PROJECT NO. | | | | | | | | | | |
| V. POWERPLANT SYSTEMS AND COMPONENTS | | | | | | | | | | |
| ORAL TEST | | | <input type="checkbox"/> PASS | | | EXPIRATION DATE: _____ | | | | <input type="checkbox"/> FAIL |
| QUES. NO. | | | | | | | | | | |
| PRACTICAL TEST | | | <input type="checkbox"/> PASS | | | EXPIRATION DATE: _____ | | | | <input type="checkbox"/> FAIL |
| PROJECT NO. | | | | | | | | | | |

| AIRMAN'S IDENTIFICATION: | | | |
|--------------------------|------------------------|-------------------------|--|
| Form of ID: _____ | Date of Birth: _____ | E-Mail Address: _____ | |
| ID Number: _____ | Expiration Date: _____ | Telephone Number: _____ | |

| DESIGNATED EXAMINER'S REPORT | | |
|--|---|---|
| I have personally tested this applicant in accordance with pertinent procedures and standards, and I have indicated the result as: | | |
| <input type="checkbox"/> APPROVED (Temporary Certificate Issued) | <input type="checkbox"/> APPROVED (Temporary Certificate NOT Issued) | |
| <input type="checkbox"/> DISAPPROVED | | |
| ATTACHMENTS | <input type="checkbox"/> REPORT OF WRITTEN TEST | <input type="checkbox"/> SUPERSEDED CERTIFICATE |
| | <input type="checkbox"/> TEMPORARY CERTIFICATE | <input type="checkbox"/> LETTER |
| DATE TEST COMPLETED _____ | EXAMINER'S NAME AND SIGNATURE _____ | DESIGNATION NO. _____ |

| APPLICANT'S CERTIFICATION | | |
|--|------------------------------|-----------------------------|
| THIS BLOCK MUST BE COMPLETED BY THE APPLICANT AT THE TIME OF ISSUANCE OF TEMPORARY CERTIFICATE | | |
| HAVE YOU EVER HAD AN AIRMAN CERTIFICATE SUSPENDED OR REVOKED? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY STATUTES RELATED TO PSYCHOACTIVE SUBSTANCES? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I CERTIFY THAT THE STATEMENTS BY ME ARE TRUE. | SIGNATURE: _____ | DATE: _____ |

| GACA INSPECTOR'S REPORT | | |
|---|--------------------------------------|-----------------------------------|
| I HAVE PERSONALLY - | WITH THE INDICATED RESULT - | |
| <input type="checkbox"/> EXAMINED THIS APPLICANT'S PAPERS | <input type="checkbox"/> APPROVED | |
| <input type="checkbox"/> TESTED THIS APPLICANT IN ACCORDANCE WITH PERTINENT PROCEDURES AND STANDARDS. | <input type="checkbox"/> DISAPPROVED | |
| Date: _____ | Inspector's Signature _____ | Inspector Name (Print Name) _____ |
| | | Inspector No. _____ |

| File Attachments as applicable: | | |
|---|--|--|
| <input type="checkbox"/> Copy - Foreign License/Certificate (if applicable) | <input type="checkbox"/> Copy/original Knowledge Test Report(s) (as applicable) | <input type="checkbox"/> Copy - GACA Airman Certificate (if applicable) |
| <input type="checkbox"/> Copy - Airman ID | <input type="checkbox"/> Evidence of required Experience (if applicable) | <input type="checkbox"/> Copy - Temporary Airman Certificate (if applicable) |
| <input type="checkbox"/> Copy - Valid Airman Passport | <input type="checkbox"/> Copy - Official Course Completion Certificate (s) (if applicable) | <input type="checkbox"/> Superseded Airman Certificate (if applicable) |
| <input type="checkbox"/> Copy - Official Receipt of Payment (if applicable) | <input type="checkbox"/> Copy - Prior Employment verification (if applicable) | <input type="checkbox"/> Evidence of required Training (if applicable) |