



**Form No: BCAA/PEL/I/07**

**APPLICATION FOR THE ISSUANCE OF ADDITIONAL TYPE RATING**

1. Name in full:-.....  
 .....
2. Airline Flying for:-.....
3. Telephone Number: - ..... E-mail:- .....
4. Licence Number: - .....  
 Category of the Licence: - .....
5. Expiry date of licence: .....
6. Type Rating requested on: - .....
7. Training details & reports:-
  - (a). Training Organization:-.....
  - (b). Type of Simulator & Location:-.....
  - (c). Name of the Instructor:-.....
  - (d). Designated check Pilot:-.....
  - (e). Duration of Training:-.....

I hereby certify that, I passed the proficiency check/ Flight test to the satisfaction of the DCP Captain ..... on ..... for Issuance of type rating on my Airline Transport Pilot Licence/ Commercial Pilot Licence.

.....  
 Date

.....  
 Signature of Applicant