

Application for Verification of a Licence / Medical Issued by the SCAA (FCL)

Please complete the form in **BLOCK CAPITALS** using black or dark blue ink after reading the attached guidance.

If any mistakes are made on this form, please strikethrough the mistake and sign next to the correct entry. (make sure the incorrect entry can still be read)

PAYMENT METHODS. Please complete form SSR\1187.

FALSE REPRESENTATION STATEMENT

It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. Persons doing so render themselves liable and subject to prosecution under the current applicable regulation. Refer to the Civil Aviation (Safety) Regulations, 2017.

1. PERSONAL DETAILS

To be completed by the Applicant

SCAA Aviation reference number (if known)

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Title Forename(s) Surname.....

Date of birth (dd/mm/yyyy) Nationality

Town of Birth Country of Birth

Permanent address

.....

Telephone Number Alternative Telephone

E mail address

Name and Address of Operating Company/Employer

.....

..... Telephone Number

2. PARTICULARS OF SEYCHELLES LICENCE(S) PRESENTED FOR VALIDATION

To be completed by the Applicant

Type of Licence (e.g. CPL, ATPL etc.)	Category of Licence (e.g. Aeroplane, Helicopter etc.)	Licence No.	Issue Date	Expiry Date

3. PARTICULARS OF SEYCHELLES MEDICAL PRESENTED FOR VALIDATION

To be completed by the Applicant

Medical Class (1 or 2)	Date of most recent Medical Examination	Expiry Date	AME Name & Location	Details of any Limitations

4. APPLICANTS CONSENT TO RELEASE INFORMATION. To be completed by the Applicant

A AGREEMENT FOR RELEASE OF INFORMATION TO AVIATION AUTHORITY

I hereby consent to the disclosure by the Seychelles Civil Aviation Authority (SCAA) to the.....
Aviation Authority/Administration of details associated with the above Seychelles issued licence(s) and medical as requested by that Authority.

Licence Issue Date: Medical Class & Issue Date:

State the email(s) below of the personnel(s) for the SCAA to send the verification to :-

Email(s):
.....

I declare that the information entered on this form is correct.

Signature Date

5. YOUR NEXT STEPS

Send your completed application form to:

Seychelles Civil Aviation Authority
Personnel Licensing Office
Safety & Security Regulation Department
P.O Box 181
Mahe
Seychelles.

OR

Email this application form to PEL@scaa.sc

OR

Attach this application form to the correct application type on the **Centrik Applications Module**. Please contact the **SCAA** or your **Seychelles Operating Company** for guidance on submitting your application through Centrik.

- Kindly contact the Authority to whom the verification is to be made. The Authority must ensure a request is submitted to the SCAA by email to: PEL@scaa.sc
- **Please note licence verification cannot be completed without this request, the form and the verification fee.**
- **Verifications are only valid for 6 months from the date of issuance.**

6. PAYMENT METHODS

Please complete form SSR\1187.