



APPLICATION FOR LICENSE VALIDATION OR CONVERSION BASED ON A FOREIGN LICENSE

INSTRUCTIONS

Print or type. Do not write in shaded areas, these are for CAAV use only. Submit original only to the Flight Safety Standards Department or a CAAV Authorized Person. If additional space is required, use an attachment

A. APPLICATION IS HEREBY MADE FOR ISSUANCE OF AN VIETNAM LICENSE BASED ON VALIDATION OR CONVERSION OF A FOREIGN LICENSE:

- | | | |
|--|--|--|
| 1 <input type="checkbox"/> ADDED RATING | 4 <input type="checkbox"/> MEDICAL CERTIFICATE | 7 <input type="checkbox"/> GROUND INSTRUCTOR |
| 2 <input type="checkbox"/> PILOT | 5 <input type="checkbox"/> AVIATION MAINTENANCE TECHNICIAN | 8 <input type="checkbox"/> FLIGHT DISPATCHER |
| 3 <input type="checkbox"/> FLIGHT ENGINEER | 6 <input type="checkbox"/> FLIGHT INSTRUCTOR | 9 <input type="checkbox"/> FLIGHT NAVIGATOR |

B. AIRMAN PERSONAL INFORMATION:

1. NAME (Family (Last), Middle, Given (First))				2. PERMANENT ADDRESS (Street or PO Box Number)					
3. TELEPHONE AND FAX				4. CITY		STATE/DISTRICT/PROVINCE		MAIL CODE	COUNTRY
5. DATE OF BIRTH (MONTH, DAY, YEAR)			6. PLACE OF BIRTH		7. NATIONALITY (CITIZENSHIP)		8. LANGUAGE PROFICIENCY LEVEL 4? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. HEIGHT	10. WEIGHT	11. HAIR	12. EYES	13. SEX	14. E-MAIL ADDRESS			15. CAAV PEL NUMBER	

C. PILOT INFORMATION:

1. LICENSE NUMBER		2. STATE OF ISSUE		3. DATE ISSUED		4. RATING(S) REQUESTED				
5. TOTAL FLIGHT HRS		6. TOTAL PIC HRS		7. TOTAL X-C HRS		8. TOTAL NIGHT HRS		9. INSTRUMENT PIC		10. TOTAL HRS TYPE
11. RATINGS AND LIMITATIONS TO BE ISSUED								12. ASSIGNED NUMBER AND EXPIRATION DATE		

D. OTHER LICENSE INFORMATION:

1. LICENSE NUMBER		2. STATE OF ISSUE		3. DATE ISSUED		4. RATING(S) REQUESTED				
5. RATINGS AND LIMITATIONS TO BE ISSUED								6. ASSIGNED NUMBER AND EXPIRATION DATE		

E. MEDICAL EVALUATION INFORMATION:

1. CLASS OF CERTIFICATE		2. STATE OF ISSUE		3. DATE OF ISSUE		4. MEDICAL EXAMINER				
5. LIMITATIONS OR RESTRICTIONS TO BE ISSUED						6. ASSIGNED NUMBER AND EXPIRATION DATE				

F. 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 CAAV license to me.

<p><i>A person shall not with intent to deceive: (c) make any false representation for the purpose of procuring for himself or any other person the grant, issue, renewal or variation of any such license...</i></p>	1. DATE	2. APPLICANT SIGNATURE:
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H. CAAV AUTHORIZED PERSON CERTIFICATION:

<input type="checkbox"/> 1. LANGUAGE PROFICIENCY TEST ADMINISTERED		<input type="checkbox"/> 3. CONFIRMATION CONTACT MADE WITH ISSUING CIVIL AVIATION AUTHORITY TELEPHONE: _____ NAME: _____			
<input type="checkbox"/> 2. RECOMMEND ISSUANCE OF LICENSE		ICAO CONTRACTING STATE: _____			
4. DATE		5. TITLE OR DESIGNATION NUMBER			6. SIGNATURE

<input type="checkbox"/> Copies of all issued Vietnam license(s) attached	<input type="checkbox"/> Copy of other State's medical evaluation attached	<input type="checkbox"/> Last 12 months experience reviewed (required for Inspection Authorization)	<input type="checkbox"/> Copy of applicable aircraft-specific training or experience attached
<input type="checkbox"/> Copy of other State's airman license(s) attached	<input type="checkbox"/> Airman logbook reviewed for experience requirements	<input type="checkbox"/> Copy of aircraft lease reviewed for applicable time period	<input type="checkbox"/> Other relevant experience or training documents attached

(This instruction page shall be removed before submitting/ Trang hướng dẫn phải loại bỏ khi nộp đơn đề nghị)

Completion Instructions for CAAV Form 540/ Hướng dẫn điền Mẫu đơn số 540:

Block	Instruction to enter information	Block	Instruction to enter information
A1-8	Check the applicable box.	C11	MAKE NO ENTRY - FOR FSSD USE ONLY
B1	Enter full name– Last name first.	C12	MAKE NO ENTRY - FOR FSSD USE ONLY
B2	Enter permanent street address.	D1	Enter other certificate number.
B3	Enter phone number and fax number.	D2	Enter state where other certificate issued.
B4	Enter city, state, mail code, and country of permanent address.	D3	Enter date other certificate issued.
B5	Enter date of birth.	D4	Enter rating(s) requested.
B6	Enter place of birth.	D5	MAKE NO ENTRY - FOR FSSD USE ONLY
B7	Enter country of citizenship.	D6	MAKE NO ENTRY - FOR FSSD USE ONLY
B8	Check YES or NO	E1	Enter class of medical certificate.
B9	Enter height.	E2	Enter state where medical certificate issued.
B10	Enter weight.	E3	Enter date medical certificate issued.
B11	Enter hair color.	E4	Enter rating(s) requested.
B12	Enter eye color.	E5	MAKE NO ENTRY - FOR FSSD USE ONLY
B13	Enter sex as M for Male or F for female.	E6	MAKE NO ENTRY - FOR FSSD USE ONLY
B14	Enter email address.	F1	Enter date of application.
B15	MAKE NO ENTRY - FOR FSSD USE ONLY	F2	Applicant's signature.
C1	Enter pilot license number.	G	Attach passport sized applicant photograph.
C2	Enter state where issued.	H1	MAKE NO ENTRY - FOR FSSD USE ONLY
C3	Enter date issued.	H2	MAKE NO ENTRY - FOR FSSD USE ONLY
C4	Enter rating(s) requested.	H3	MAKE NO ENTRY - FOR FSSD USE ONLY
C5	Enter total flight hours.	H4	MAKE NO ENTRY - FOR FSSD USE ONLY
C6	Enter total PIC hours.	H5	MAKE NO ENTRY - FOR FSSD USE ONLY
C7	Enter total X-C hours.	H6	MAKE NO ENTRY - FOR FSSD USE ONLY
C8	Enter total night hours.		
C9	Enter total Instrument PIC hours.		REMAINDER OF FORM FOR FSSD USE ONLY
C10	Enter total hours in the aircraft type.		