



Airman Certificate and/or Rating Application

I. APPLICATION INFORMATION: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Additional Rating <input type="checkbox"/> Reissuance, Reason _____				GACA Certificate No.:		PHOTO 3 x 3 cm White background with no head cover.
<input type="checkbox"/> MECHANIC <input type="checkbox"/> REPAIRMAN <input type="checkbox"/> AIRFRAME _____ <input type="checkbox"/> POWERPLANT _____ (Specify Rating)						
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 (If "Yes" explain below. Continue on a separate sheet, if more space needed)						
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
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 (Attach Copy)		
<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		5. Expiry Date		
		6. Ratings		7. Limitation		
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. (Continue on a separate sheet, if more space needed).						
DATES (Month and Year)		TYPE WORK PERFORMED			EMPLOYER	LOCATION
FROM	TO					
DATES (Month and Year)		AVIATION TRAINING			ORGANIZATION	LOCATION
FROM	TO					
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: _____						
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

GENERAL		AIRFRAME		POWERPLANT	
Date		Date		Date	
Take		Take		Take	
Score		Score		Score	

REMARKS:

RESULTS OF ORAL AND PRACTICAL TESTS

MECHANIC

I. GENERAL - Airframe and Powerplant

ORAL TEST ☐ PASS EXPIRATION DATE: _____ ☐ FAIL

QUES. NO. _____

PRACTICAL TEST ☐ PASS EXPIRATION DATE: _____ ☐ FAIL

PROJECT NO. _____

II. AIRFRAME STRUCTURES

ORAL TEST ☐ PASS EXPIRATION DATE: _____ ☐ FAIL

QUES. NO. _____

PRACTICAL TEST ☐ PASS EXPIRATION DATE: _____ ☐ FAIL

PROJECT NO. _____

III. AIRFRAME SYSTEMS AND COMPONENTS

ORAL TEST ☐ PASS EXPIRATION DATE: _____ ☐ FAIL

QUES. NO. _____

PRACTICAL TEST ☐ PASS EXPIRATION DATE: _____ ☐ FAIL

PROJECT NO. _____

IV. POWERPLANT THEORY AND MAINTENANCE

ORAL TEST ☐ PASS EXPIRATION DATE: _____ ☐ FAIL

QUES. NO. _____

PRACTICAL TEST ☐ PASS EXPIRATION DATE: _____ ☐ FAIL

PROJECT NO. _____

V. POWERPLANT SYSTEMS AND COMPONENTS

ORAL TEST ☐ PASS EXPIRATION DATE: _____ ☐ FAIL

QUES. NO. _____

PRACTICAL TEST ☐ PASS EXPIRATION DATE: _____ ☐ FAIL

PROJECT NO. _____

AIRMAN'S IDENTIFICATION:

Form of ID: _____
ID Number: _____Date of Birth: _____
Expiration Date: _____E-Mail Address: _____
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:

☐ APPROVED (Temporary Certificate Issued)☐ APPROVED (Temporary Certificate **NOT** Issued)☐ DISAPPROVED

ATTACHMENTS

☐ REPORT OF WRITTEN TEST☐ SUPERSEDED CERTIFICATE☐ TEMPORARY CERTIFICATE☐ 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?

☐ Yes☐ No

HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY STATUTES RELATED TO PSYCHOACTIVE SUBSTANCES?

☐ Yes☐ No

DATE OF FINAL CONVICTION _____

I CERTIFY THAT THE STATEMENTS BY ME ARE TRUE,

SIGNATURE: _____ DATE: _____

GACA INSPECTOR'S REPORT

I HAVE PERSONALLY -

WITH THE INDICATED RESULT -

☐ EXAMINED THIS APPLICANT'S PAPERS☐ APPROVED☐ TESTED THIS APPLICANT IN ACCORDANCE WITH PERTINENT PROCEDURES AND STANDARDS.☐ DISAPPROVED

Date: _____ Inspector's Signature _____

Inspector Name (Print Name) _____

Inspector No. _____

File Attachments as applicable:

☐ Copy - Foreign License/Certificate (if applicable)☐ Copy/original Knowledge Test Report(s) (as applicable)☐ Copy - GACA Airman Certificate (if applicable)☐ Copy - Airman ID☐ Evidence of required Experience (if applicable)☐ Copy - Temporary Airman Certificate (if applicable)☐ Copy - Valid Airman Passport☐ Copy - Official Course Completion Certificate (s) (if applicable)☐ Superseded Airman Certificate (if applicable)☐ Copy - Official Receipt of Payment (if applicable)☐ Copy - Prior Employment verification (if applicable)☐ Evidence of required Training (if applicable)