

Endorsement, Renewal or Extension of a rating
 CMR.PEL.FORM.0003



I, the undersigned _____
 Born on the _____ in : _____
 Of nationality _____
 Resident _____ Address : _____
 Request the validation of the endorsement / renewal /
 extension of the rating _____
 Obtained on the _____ In _____
 On my license of _____ Number _____
 Issued on the _____ In _____
 Total flight service hours _____ The last six months _____ The last three months _____
 Night hours _____ IFR hours _____ Training hours _____
 Ratings _____
 Medical certificate of class _____ Issued on the _____ in _____
 By _____ Visa of the employer _____
 Done in: _____, On the: _____ Applicant's signature: _____

Please find attached :

- a proficiency check attestation for the achievement of the rating, issued by a CCAA approved examiner or in a CCAA approved training organization;
- a copy of the training record for the achievement of the rating;
- a certified copy of the medical certificate issued by a CCAA approved medical examiner
- a certified copy of the latest pages of my log / work book
- A copy of the receipt for the payment of the fees.

Agreed for the payment of XAF __0.000 to the CCAA Accountant in view of endorsement / renewal / extension of a rating.

Name of PEL Officer

Signature of PEL Officer

Date

Fiscal stamp

XAF 1000

Reserved : don't write here

Application filed on the :

Remarks of the licensing office:

Cash receipt n° :

Ref. : DECREE n° :

2021/0342/PM du 18 fev 2021

Endorsement or
 Renewal type
 rating

XAF 100 000

Extension

XAF 75000

Endorsement or

Renewal class rating

XAF 75000

Extension

XAF 65000