



REPUBLIC OF THE PHILIPPINES  
CIVIL AVIATION AUTHORITY OF THE PHILIPPINES  
Pasay City, Metro Manila

**APPLICATION FOR REINSTATEMENT/ADDITIONAL AIRCRAFT RATINGS  
(AIRPLANE/HELICOPTER)**

I hereby apply for \_\_\_\_\_ aircraft ratings on: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Type of Aircraft)                      (Gross Weight)                      (HP/THP/SHP)                      (Category)                      (Classification)

1. NAME : \_\_\_\_\_  
(Given Name)                      (Middle Name)                      (Surname)

2. MAILING ADDRESS : \_\_\_\_\_

3. PILOT'S LICENSE : \_\_\_\_\_

4. PRESENT RATINGS : \_\_\_\_\_

5. OTHER RATING(S) : \_\_\_\_\_

**FLIGHT TIME AND RECORD OF RATING SOUGHT**

| DATE | RP-C NO. ____ | FROM | TO | SINGLE-ENGINE |      | MULTI-ENGINE |          | TRANS. TIME | NO. OF TAKE-OFFS/LANDINGS |  | NO. OF AUTOMATIC ROTATION APPROACHES |
|------|---------------|------|----|---------------|------|--------------|----------|-------------|---------------------------|--|--------------------------------------|
|      |               |      |    | SOLO          | DUAL | PILOT        | CO-PILOT |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |
|      |               |      |    |               |      |              |          |             |                           |  |                                      |

Total Flight Time on rating sought \_\_\_\_\_ Hours \_\_\_\_\_ Minutes \_\_\_\_\_

Simulator/Link Time \_\_\_\_\_ Hours \_\_\_\_\_ Minutes \_\_\_\_\_

No. of Hours with a rated Flight Instructor \_\_\_\_\_

I hereby certify that all the above statements/data are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_  
affiant exhibited to me his/her Residence/Passport Number \_\_\_\_\_ issued at \_\_\_\_\_  
\_\_\_\_\_ 200\_\_\_\_

Doc No. : \_\_\_\_\_  
Page No. : \_\_\_\_\_  
Book No. : \_\_\_\_\_  
Series of \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
Until December 31, 200\_\_

**ACTION TAKEN:**

APPROVED

DISAPPROVED

REMARKS: \_\_\_\_\_

Checked and Verified by: \_\_\_\_\_  
Check Pilot's Printed Name and Signature