



ACAA
VALIDIM I LICENSAVE TE HUAJA
Validation of Foreign Licenses



DAMO-Part-FCL-005

Part A – Personal – Please print			
Surname		Given name	
Date of birth	Gender	Telephone number	
	Male <input type="checkbox"/>	Home	fax
	Female <input type="checkbox"/>	Work	Mobile
Citizenship		E mail	
Permanent address outside Albania		Permanent address outside Albania	
Temporary address in Albania		Previous Albanian Aviation Document	
Part B – Foreign Licence Information			
Type of Licence		Country of issue	
Foreign Licence Number		Rating	
Last medical Examination date		Aero medical centre/examiner _____	
		Albanian <input type="checkbox"/> Other <input type="checkbox"/>	
CONTACT DETAILS OF THE ISSUING AUTHORITY: Name of the contact person _____			
E mail _____ phone _____ fax _____			
I declare that the statement made in this application are true			
date _____ signature _____			
Part C – Foreign Licence Validation Certificate Purpose			
<input type="checkbox"/> Private recreational	<input type="checkbox"/> Commercial operations TP _____ AW _____		
<input type="checkbox"/> Ferry flight			
<input type="checkbox"/> Flight training			
Part D – to be included with this application			
<input type="checkbox"/> Foreign licence			
<input type="checkbox"/> Medical certificate			
<input type="checkbox"/> Identification document			
<input type="checkbox"/> Relevant pages of the log book			



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DAMO-Part-FCL-004



ACAA
Albanian Civil Aviation Authority

REQUEST OF VERIFICATION OF FOREIGN LICENCE

Dear Sir/Madam,

The Albanian Civil Aviation Authority kindly requests verification of the validity of the licence and medical certificate of :

First name _____ **Second name** _____, **DOB** _____,

Type of licence _____ **Licence No** _____

This request is based on application for albanian validation of an _____ licence supported by _____ (name of the Albanian operator).

Please verify:

- i) The license title, ratings and date of issue.
- ii) Is the certificate under suspension or revocation?
- iii) Expiration date of licence
- iv) Valid Medical Certificate
- v) Language proficiency in English (minimum Level 4 according to ICAO standards)

Please forward your response to:
Albanian Civil Aviation Authority

e-mail: _____

fax number: _____