



## GUYANA CIVIL AVIATION AUTHORITY

### APPLICATION FOR RENEWAL OF A PILOT'S MEDICAL CERTIFICATE

APPLICANT DETAILS			
<b>NAME IN FULL:</b>	FIRST NAME	MIDDLE NAME(S)	LAST NAME
<b>ADDRESS:</b>		<b>EMPLOYER:</b>	
<b>DATE OF BIRTH:</b>	<b>AGE AT LAST MED EXAM:</b>	<b>EMAIL ADDRESS(ES):</b>	<b>TEL #:</b> WORK : CELL : HOME :
<b>LICENCE #:</b>	<b>EXPIRY DATE OF CURRENT (OR LAST) MEDICAL CERTIFICATE:</b>		<b>DATE OF MOST RECENT MEDICAL EXAMINATION:</b>

RECENT EXPERIENCE			
<b>DATE OF MOST RECENT FLIGHT:</b>	<b>HOURS FLOWN IN LAST:</b> 30 DAYS                      12 MONTHS <b>PIC:</b> <b>PIC:</b> <b>SIC:</b> <b>SIC:</b>	I HAVE DONE THREE TAKE-OFFS AND LANDINGS IN THE PAST 90 DAYS: NIGHT                      YES <input type="checkbox"/> DAY                      YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/>	

TOTAL HOURS FLOWN TO DATE								
DATE:	DAY			NIGHT			IR	OTHER
	P1	P2	P3	P1	P2	P3		

P1- PIC or PIC under supervision.  
 P2- Co-pilot/second pilot exercising privileges of his/her licence as a required crew member.  
 P3- Student pilot or pilot undergoing approved training.

RATING VALIDITY					
RATINGS	DATE OF LAST FLT TEST/APC	AIRCRAFT TYPE	CHECK AIRMAN/ EXAMINER	VALID UNTIL	REMARKS
SINGLE ENGINE LAND/SEA					
MULTI ENGINE LAND/SEA					
INSTRUMENT TYPE					
(OTHER)					
(OTHER)					
(OTHER)					

APPLICANT'S CERTIFICATION
I hereby apply for the renewal of my Class ..... Medical Certificate and I declare that the information provided on this form is correct.  <div style="text-align: center;">             Signature of Applicant: ..... Date: .....           </div>

**Renewal Procedure/Information: -**

1. In order to assist the Authority in the expeditious renewal of your licence/Medical Certificate you are asked, where possible, to conform to the following:-
  - (i) Arrangements should be made to complete the necessary medical examination as soon as possible within the 45 days period before your medical Assessment/Certificate expires. If completed within that time the new validity period will commence on the day after the current Medical Assessment expires.
  - (ii) Complete and return this form to the Personnel Licensing Office, Guyana Civil Aviation Authority, 73 High Street, Kingston, Georgetown, along with the following;
    - (a) Your personal flying log book entered and totaled to date, and its entries certified by the relevant authorities (where applicable) e.g. Chief Flight Instructor, Director of (Flight) Operations, Chief Pilot, etc.
    - (b) The applicable fee. (\$5,000 for PPL, \$4,000 for CPL and \$5,000 for ATPL).
2. The Regulations governing Recency and Competency of Pilots are established in **Part 8** and associated Implementation Standards of the Guyana Aviation Requirements.
3. The Regulations governing Medical Standards and renewal of pilot ratings are established in **Part 2** and associated Implementation Standards of the Guyana Aviation Requirements.
4. Record of Flight Tests and Proficiency Checks are made on the “Certificate of Test, Rating Validity, Proficiency and Competency Record”.
5. Information required on this form are for information purposes only and will not affect renewal of the applicant’s Medical Certificate.