



**CIVIL AVIATION AUTHORITY  
PAKISTAN**

CAAF-665

Ref No. 

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**APPLICATION – MICROLIGHT COMPETENCY CERTIFICATE**

(For Gliders and Balloons, Use CAAF-600, CAAF-601, CAAF-602)

<input type="checkbox"/> ULTRALIGHT	<input type="checkbox"/> SPORTS	<input type="checkbox"/> HANG GLIDER	<input type="checkbox"/> PARAGLIDER	<input type="checkbox"/> PARA JUMP	<input type="checkbox"/> GYROPLANE
<input type="checkbox"/> POWERED PARACHUTE	<input type="checkbox"/> SKY DIVING	<input type="checkbox"/> GYROGLIDER	<input type="checkbox"/> PARA SAIL	<input type="checkbox"/> PARA MOTOR	<input type="checkbox"/>
<input type="checkbox"/> ISSUE	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> RE - VALIDATION	<input type="checkbox"/> ENDORSEMENT	<input type="checkbox"/>	

☆ Fill only where applicable

<b>Name</b> (Block Letters)			<b>Father's Name</b>		
Address.			Phone, Fax & e mail		
Educational Qualification	<input type="checkbox"/> Male	Place of Birth	Date of Birth		Nationality
	<input type="checkbox"/> Female				
National ID Card No.			Do you hold any Pak CAA Licence (s) (Type & No.)		Organization

<b>Military Experience</b> (First time only)	Rank & Service No	<input type="checkbox"/> Serving	NOC		Total Hours	QFI				
		<input type="checkbox"/> Retired	Yes	No						
<b>Foreign Licences &amp; Experience</b> (First time only)	Country	Licence (s) / Certificate Type				Rating/Category				
<b>Name &amp; Address of Flying School</b>	From	To	Hours Flown	Licence/Certificate	Vehicle/Aircraft flow					
<b>MICROLIGHT TYPE</b>	<b>HOURS – AIRCRAFT</b>				<b>LAUNCHES – OTHERS</b>				<b>REMARKS</b>	
	Training	Solo	P-1	Total	Training	Solo	P-1	Total		
<b>Recent Experience</b> (Last six Months)	Day	Night	Date last Flown:			Microlight Flown				
<b>Grand Total Hours</b>			<b>Grand Total Launches</b>							

**Application Certificate**

a) I certify that the statements made by me on this application are true to the best of my knowledge and belief.

Date \_\_\_\_\_

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

b) **Certification** (by approved person of organization)

Certified that I have examined the credentials of Mr./Mrs./Miss \_\_\_\_\_ and, to the best of my knowledge, the above information is correct.

Date \_\_\_\_\_

\_\_\_\_\_  
**AUTHORISED PERSON**

**Note:** It is an offence to make any false presentation for the purpose of issue of any licence, Certificate, Category or rating under Civil Aviation Rules. Any person doing so would render him/her self liable to disciplinary action.

**Document submission Check list**

<input type="checkbox"/> Application Form CAAF-665. <input type="checkbox"/> Medical Certificate CAAF- 667. <input type="checkbox"/> Security Clearance, if not already available with CAA. <input type="checkbox"/> Photocopy of Foreign Licence or Certificate, if applicable. <input type="checkbox"/> 04 coloured photographs 1" X 1" (both ears visible, uncovered & blue background). <input type="checkbox"/> Theory Examination results in the specific Category.	<input type="checkbox"/> Type Technical results (TT-1), where applicable. <input type="checkbox"/> Photocopy of page/pages of Logbook showing required experience. <input type="checkbox"/> MCC Course Certificate (in specific Category). <input type="checkbox"/> Skill Test Report CAAF-643 (For Sport & Ultralight). <input type="checkbox"/> Skill Test Report CAAF-665(on reverse of this Form) <input type="checkbox"/> Fee Voucher/Authorization.
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## SKILL TEST REPORT – MICROLIGHT COMPETENCY CERTIFICATE

(For Ultra-lights & Sports, Use CAAF – 643 for Skill Test)

Location		Type Machine		Total Training Launches	
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SUBJECT	Sat	Un-sat	SUBJECT	Sat	Un-sat
Knowledge of CAA Rules			Understanding of weather		
Knowledge of Aviation Law			Practical Skill of Flying		
Knowledge of Safety Precautions			Judgment		
Knowledge of Normal Procedures			Confidence		
Knowledge of Emergency Procedure			Airman ship		
Knowledge of Equipment Maintenance			R.T. Procedures & Phraseology		

### Remarks

### CERTIFICATION & RECOMMENDATION:

☆ *Strike out where not applicable:*

Certified that above candidate's performance is 

satisfactory
unsatisfactory

 and 

recommend
not recommend

 the following:

Issue	Hang Glider	Parasail	Sky Diving
Renewal	Paraglider	Paramotor	Gyroglider
Revalidation	Para Jump	Powered Parachute	
Endorsement			

Date \_\_\_\_\_

### SIGNATURE OF APPLICANT

(If briefed after a failure)

<b>SIGNATURE</b> (DCP)	<b>N a m e</b>	<b>Certificate No.</b>
<b>SIGNATURE</b> CAA Inspector/DE (if applicable)	<b>N a m e</b>	<b>Certificate No.</b>