

	TANZANIA CIVIL AVIATION AUTHORITY SAFETY REGULATION PERSONNEL LICENSING	Revision: 2 Form
TCAA-FRM-SR-PEL041B	Title: Application For Replacement of a Licence or Certificate	Page 1 of 2

SN	Preliminary Information:	
1	Name of Applicant:	Age:
2	Address of Applicant: Phone Number: Email Address:	
3	Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
4	Nationality:	
5	Type of Licence held:	License Number:
6	Name of Employer:	

Application Type (Please Tick the Appropriate Box)

I am applying for the replacement of:

<input type="checkbox"/> SPL	Licence Number:	<input type="checkbox"/> FOO	Licence Number:
<input type="checkbox"/> PPL	Licence Number:	<input type="checkbox"/> ATCL	Licence Number:
<input type="checkbox"/> CPL	Licence Number:	<input type="checkbox"/> AMEL	Licence Number:
<input type="checkbox"/> ATPL	Licence Number:	<input type="checkbox"/> CCM	Certificate Number:
<input type="checkbox"/> FE	Licence Number:	<input type="checkbox"/> FIR	Licence Number:

Medical Certificate Details

Class	Date of Issue	Expiry Date	Name of AME

	TANZANIA CIVIL AVIATION AUTHORITY SAFETY REGULATION PERSONNEL LICENSING	Revision: 2 Form
TCAA-FRM-SR-PEL041B	Title: Application For Replacement of a Licence or Certificate	Page 2 of 2

Reasons for Replacement
<input type="checkbox"/> Loss of a Licence/certificate (Duplicate)
<input type="checkbox"/> Licence/Certificate Destroyed (Duplicate)
<input type="checkbox"/> Damage of a Licence/Certificate (Re-Issue)
<input type="checkbox"/> Change of Personal Details (Re-Issue)
What details of the Licence (Certificate) would you like to change in the licence/certificate?

Attachments: Tick the Items which you have attached.	
For a Request for Duplicate	For Change of Details
<input type="checkbox"/> The Original Police Loss Report	<input type="checkbox"/> Original Licence/certificate to be replaced.
<input type="checkbox"/> Copy of the licence	<input type="checkbox"/> A court order, or another legal document verifying the change.
<input type="checkbox"/> Proof of payment	<input type="checkbox"/> Proof of payment

<u>Declaration</u>		
I declare to the best of my knowledge and belief, that the information given in this application and attachments are complete and correct.		
NAME:	Signature:	Date:
For official use only:		
Request: Approved/Not Approved/Applicant Advised		
Reason(s):		
Name of Inspector/Officer		
Signature		
Date		