



Verification of Authenticity of Foreign licence, rating(s) and Medical Certificate

Basic Information

Name as it appears on your foreign licence:	Date of birth: Day Month Year	Place of birth
---	--	----------------

Address:

Do you hold a current foreign medical certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Class of Certificate	Date issued
--	----------------------	-------------

Name of Examiner	Number of Examiner	Date expired
------------------	--------------------	--------------

Validation Certificate/Licence applied for on basis of:

Holder of a foreign licence issued by	Country	Grade of Licence
	Number of licence	Ratings

Is your foreign licence under an order of revocation or suspension by the foreign country that issued your licence?
 Yes No

I hereby authorize the issuing CAA to provide all pertinent information to the CAA of [Barbados].

Email address

Telephone number where you can be reached.

Date

Attachments:
 Copy of foreign licence Copy of English transcription of licence Copy of medical certificate

DCA PEL PL-013