

**GOVERNMENT OF INDIA
DIRECTORATE GENERAL OF CIVIL AVIATION
TECHNICAL CENTRE, OPPOSITE SAFDARJUNG AIRPORT
AURBINDO MARG, NEW DELHI- 1 1 0 0 3**

APPLICATION FOR GRANT OF **OPEN RATING ON FLIGHT CREW LICENCE(S)
(SEE [INSTRUCTIONS](#) TO APPLICANTS BEFORE FILLING APPLICATION FORM)**

1. NAME

2. MAILING ADDRESS

3. CATEGORY OF LICENCE(S) CLASS OF LICENCE

4. DETAILS OF LICENCE(S)

LICENCE NAME	LICENCE NUMBER	LICENCE VALIDITY

5. MEDICAL ASSESSMENT DETAILS

CLASS	MEDICAL AUTHORITY	VALIDITY

6. SPECIFY OPEN RATING PRIVILEGES REQUIRED

7. TOTAL FLYING HOURS TOTAL PIC HOURS

TOTAL PIC HOURS ON AIRCRAFT AUW OVER FOURTEEN THOUSAND KGS. NUMBER OF AIRCRAFTS ENDORSED ON CIVIL PROFESSIONAL LICENCE

8. DETAILS OF FEES

INSTRUMENT NO	DATE	BRANCH	AMOUNT(RS)

9. NAME OF SPONSORING AUTHORITY (IF ANY)

10. AUTHORISATION FOR DEBITING THE OPERATORS REVOLVING DEPOSIT BY FEE AMOUNT, IF APPLICABLE, UNDER STAMP AND SIGNATURE OF AUTHORISED SIGNATORY.

11.DELIVERY / MAILING INSTRUCTIONS.

DECLARATION

CERTIFIED THAT ALL ENTRIES MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT NO MATERIAL INFORMATION HAS BEEN SURPRESSED OR WITHHELD BY ME. IN THE EVENT OF ANY INFORMATION BEING FOUND FALSE OR INCORRECT, I HOLD MYSELF LIABLE TO BE PROCEEDED AGAINST, AS APPLICABLE.

PLACE:

DATE :

SIGNATURE OF APPLICANT

LIST OF ENCLOSURES

**INSTRUCTIONS TO APPLICANTS FOR FILLING APPLICATION FORM FOR GRANT OF
OPEN RATING**

1.AIRCRAFT RULES 1937: APPLICANTS MAY KINDLY GO THROUGH SCHEDULE II OF THE AIRCRAFT RULES 1937,AS AMENDED FROM TIME TO TIME, TO GET FULLY ACCQUAINTED WITH THE REQUIREMENTS FOR GRANT OF OPEN RATING.

2 APPLICATION FORM: APPLICATION FORM MAY BE FILLED UP BY THE APPLICANT IN HIS/HER OWN HANDWRITING OR TYPED, IN BOLD LETTERS, DULY DATED AND SIGNED. INCOMPLETE AND UNSIGNED APPICATION FORMS ARE LIABLE TO BE REJECTED.

3.NAME: THE NAME SHOULD BE WRITTEN AS ENTERED IN THE LICENCE, IN ITEM 1

4.MAILING ADDRESS: THE COMPLETE ADDRESS FOR CORRESPONDENCE AND FOR DESPATCH OF DOCUMENTS I.E LOG BOOK(S) & LICENCE (S) BY POST,, MAY BE INDICATED IN ITEM 2, INVARIABLY QUOTING PIN CODE NUMBER.

6.CATEGORY AND CLASS OF LICENCE: INDICATE CATEGORY & CLASS, AS APPROPRIATE IN ITEM 4, AS DETAILED BELOW:

CATEGORY:AEROPLANES/HELICOPTERS/GLIDERS/BALLOONS/MICROLIGHT.

CLASS: SINGLE ENGINE LAND (SEL) / MULTI ENGINE LAND (M E L) / SINGLE ENGINE SEA (SES) / MULTI ENGINE (LAND

7.DETAILS OF LICENCE: IN ITEM 5, INDICATE LICENCE NAME, NUMBER, PLACE OF ISSUE&VALIDITY. LICENCE NAME MAY BE INDICATED AS PL / PPL / CPL / SCPL / ALTP ,AS APPLICABLE.

8.MEDICAL ASSESSMENT DETAILS:IN ITEM 5 THE CLASS, THE NAME OF MEDICAL AUTHORITY & THE VALIDITY MAY BE GIVEN. MEDICAL VALIDITY IS AS DEFINED IN RULE 48 OF THE AIRCRAFT RULES 1937, UNLESS CURTAILED AS A RESULT OF THE MEDICAL EXAMINATION ITSELF; HENCE, VALIDITY MAY BE ACCORDINGLY INDICATED.

9. DETAILS OF OPEN RATING APPLIED: IN ITEM 6 SPECIFY DETAILS OF OPEN RATING SOUGHT. AUW LIMIT MAY ALSO BE INDICATED.

10. FLYING EXPERIENCE IN ITEM 7 ENTER TOTAL FLYING HOURS , PIC FLYING HOURS & FLYING HOURS ON AIRCRAFT WITH AUW OVER FOURTEEN THOUSAND KGS. ALSO INDICATE THE TOTAL NUMBER OF AIRCRAFTS ENDORSED ON THE CIVIL LICENCE.

11. DETAILS OF FEE:THE FEE SCHEDULE MAY BE REFERRED FROM RULE 48 OF THE AIRCRAFT RULES 1937.THE FEE MAY BE REMITTED EITHER BY A CROSSED DEMAND DRAFT ON ANY OF THE NATIONALISED BANKS FAVOURING "PAY AND ACCCOUNTS OFFICE, DGCA, MCA, NEW DELHI "THE DETAILS OF THE FEE INSTRUMENTS MAY BE MENTIONED IN ITEM 8.

12.. NAME OF SPONSORING AUTHORITY:IN ITEM 9 INDICATE THE NAME OF THE SPONSORING AUTHORITY i.e. A FLYING CLUB OR AN INSTITUTE WHERE THE APPLICANT IS UNDERGOING TRAINING, OR THE NAME OF THE OPERATOR

WHERE THE APPLICANT IS EMPLOYED. IN OTHER CASES WRITE SELF SPONSORED.

13. REVOLVING DEPOSIT FACILITY FOR FEE: IN CASE, THE APPLICANT WISHES TO UTILISE THE REVOLVING DEPOSIT FEE FACILITY ACCORDED TO SOME OPERATORS , THEN THE AUTHORISATION FOR DOING SO MAY BE INDICATED BY THE SAID OPERATOR BY STATING , IN ITEM 10 , THE FOLLOWING "PLEASE DEBIT OUR REVOLVING DEPOSIT WITH YOU BY RS.----- / - " , UNDER THE STAMP AND SIGNATURES OF THE AUTHORISED SIGNATORY OF THE OPERATOR; PROVIDED ADEQUATE FUNDS ARE AVAILABLE IN THE ACCOUNT.

14 . DELIVERY/ MAILING INSTRUCTIONS: IN ITEM 11, SPECIFY WHETHER; (a). LICENCES/ LOG BOOKS MAY BE POSTED BY REGISTERED POST TO THE MAILING ADDRESS GIVEN IN ITEM 2. OR (b). TO BE COLLECTED PERSONALLY OR THROUGH A REPRESENTATIVE.

15.LIST OF ENCLOSURES: THE FOLLOWING DOCUMENTS MAY BE SUBMITTED,WITH THE APPLICATION FOR RENEWAL.

(A). DEMAND DRAFT (S) / IPO (S) FOR FEES.

(B). LICENCE (S) TO BE ENDORSED WITH FRTOL/RTR

(C). LOG BOOK(S) DULY SIGNED AND COMPLETE IN ALL RESPECTS AS ENVISAGED UNDER THE AIRCRAFT RULES 1937.

16. SUBMISSION OF APPLICATION: THE APPLI-CATION FOR ENDORSEMENT OF OPEN RATING MAY BE SUBMITTED TO

**DIRECTOR OF TRAINING AND LICENSING
DIRECTORATE GENERAL OF CIVIL AVIATION
TECHNICAL CENTRE, OPPOSITE SAFDARJUNG
AIRPORT, NEW DELHI – 1 1 0 0 0 3.**