ICAO: ATPL / CPL Conversion to EASA ATPL Evaluation Form ver:02/2014

License Information	
Name: _________________________	Surname: _________________________
License Type: Frozen ATPL [ ]	ATPL [ ] / CPL [ ] / PPL [ ]
Country of Issue [_______________]	Date of issue____/____/_____
Type Ratings: >>>>>>>>>>>>>>>>>	1)__________2)__________3)__________
License: >[Valid] / [Expired]	ICAO English Proficiency Level [___]
Last Revalidation date; __/____/___	Next Revalidation Date ; __/____/___
Initial License :>>	[YES] / [NO]
Has it been issued on the basis of another license :>>>>>>>>>>	[YES] / [NO]
If [Yes] please provide a copy of the license	<<<<<< >>>>>

Medical Information	
Country of issue	Class: [ONE] / [TWO] / [THREE]
Date of last medical; ____/____/____	Due Date ; ____/____/____
Medical certificate [Valid] / [Expired]	Date of Expire: _____/______/______

Pilot Experience / Pilot Time		
In Command Total Time [HH:MM] > [____:____]	Multi Crew Total Time [HH:MM] > [____:____]	Co Pilot Total Time [HH:MM] > [____:____]
Total Time On Type [HH:MM] > [____:____]	Simulator Time [HH:MM] > [____:____]	Instrument Time [HH:MM] > [____:____]
Total Time last 30 days [HH:MM] > [____:____]	Total Time last 180 days [HH:MM] > [____:____]	Intentionally left blank <<< >>>

Additional Information (Optional)

The following copies must be attached to the evaluation form

1) Copy of the License YES ◯ / NO ◯ 2) Copy of the Medical YES ◯ / NO ◯
2) Copy of other licenses if held YES ◯ / NO ◯ 4) Copy of the Passport YES ◯ / NO ◯
5) Copy of the Log book (last 2 pages) YES ◯ / NO ◯
6) Copy of ICAO English Proficiency YES ◯ / NO ◯

I hereby confirm that the above information provided on this document is TRUE and CORRECT

Signature_________________________ Date _________________________

(For office use only) Recommendation
HT [ ] / CTGI [ ] >[APVD } / [NOT APVD] >>….TM-CAD>[APVD] / [NOT APVD]
1) Full ATPL Trg [ ] 2) ATPL- Consolidation [ ] 3) Exams [ ]
Others