



CIVIL AVIATION AUTHORITY OF BOTSWANA  
P. O. Box 250, Gaborone, Botswana Tel: +267 3688200/3913236 Fax +267 3930165

FLIGHT SAFETY DIRECTORATE

**APPLICATION FOR AIRMAN LICENSE AND/OR RATING**

Complete this form if applying for an Airman License and/or rating in accordance with the Civil Aviation (Personnel Licensing) (Other Personnel) Regulations, 2013. The completed form shall be forwarded to the Civil Aviation Authority of Botswana together with the required documents.

**INSTRUCTION: Complete all sections, unless otherwise stated.**

**A. THIS APPLICATION IS FOR:**

**1. Tick/check the applicable box**

- Aircraft maintenance Engineer's License  
 Aviation Repair Specialist License  
 Airframe Rating  
 Powerplant Rating  
 Avionics Rating

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Parachute Rigger License |                                 |
| <input type="checkbox"/> Senior                   | <input type="checkbox"/> Master |
| <input type="checkbox"/> Seat                     | <input type="checkbox"/> Chest  |
| <input type="checkbox"/> Back                     | <input type="checkbox"/> Lap    |

**2. Specify Rating sought (if applicable)**

**3. State purpose of application**

- Initial Issue       Renewal       Conversion of foreign license       Validation of foreign license  
 Re-issue       Additional Rating

**B. APPLICANT INFORMATION**

1. Surname	<input type="text"/>	2. Other Names	<input type="text"/>
3. Nationality	<input type="text"/>	4. ID / Passport Number)	<input type="text"/>
5. Place of Birth	<input type="text"/>	6. Date of Birth (day-month-year)	<input type="text"/>
7. Mailing Address	<input type="text"/>		
8. Telephone no.	<input type="text"/>	9. E-mail	<input type="text"/>
10. Have you ever had an Airman License Suspended or Revoked?	<input type="checkbox"/> NO <input type="checkbox"/> YES (Explain on a separate sheet keying to appropriate item number)		
11. Do you now or have you ever held a CAAB Airman License?	<input type="checkbox"/> NO <input type="checkbox"/> YES		
12. Have you ever been convicted for violation of any statutes pertaining to narcotic drugs, marijuana, and depressant or stimulant drugs or substances?	<input type="checkbox"/> NO <input type="checkbox"/> YES		
13. If you answered "YES" to item 12 above, state date of last conviction:	<input type="text"/>		



## F. APPLICANT'S DECLARATION

I hereby declare that all the information in this application and all attached documentation are true in any respect.

1. Today's Date

2. Applicant's Signature

## G. FEES

### 1. Fees payable in accordance with the Civil Aviation (Personnel Licensing) Regulations.

(Note: Select only the applicable fees)

- (a)  Application fee
- (b)  Initial Issue of license
- (c)  Renewal of license
- (d)  Additional Rating
- (e)  Conversion of foreign license
- (f)  Validation of foreign license
- (g)  Re-issue of license

### 2. Payment method - Please indicate method of payment below

- Cash** [Please do not enclose cash in the application]       **Cheque**       **Bank deposit** [CAAB Account details below]

### 3. CAAB Account Details – For additional information please contact CAAB Accounts Office at +3688200

Name of Account: **Civil Aviation Authority of Botswana**  
Name of Bank: **Barclays Bank of Botswana**      Branch Name: **Barclays House**  
Branch Code: **29 06 67**      Account Number: **1002208**      Swift Code: **BARCBWGX**

## H. FOR CAAB OFFICIAL USE ONLY – TO BE COMPLETED BY FLIGHT SAFETY OFFICER

Fee paid	Receipt no.	Date	Signature and Stamp