

# COMMERCIAL PILOT LICENSING CHECKLIST

Please complete this sheet and submit it with your application for licence along with the following.

- Application form
- Aviation Document Booklet
  - Private licence
  - Category 1 medical
- Copy of flight test results
- Copy of written test results
- PTR and Logbook
- \$80 Private Pilot application fee
  - Pay by credit card - (416) 952-0400 (record receipt number)
  - Pay by cheque – “Receiver General for Canada”

## **Fill in each blank space with your flight times to date from your log book.**

Total time: \_\_\_\_\_ (200 required)

Total PIC time: \_\_\_\_\_ (100 required)

PIC cross-country time: \_\_\_\_\_ (20 required)

Total CPL Training time: \_\_\_\_\_ (see below for details)

## **Fill in each blank space with information from your PTR.**

Total Ground School Hours: \_\_\_\_\_ (80 required) →

Total training time: \_\_\_\_\_ (65 required after the issuance of PPL)

Total dual training time: \_\_\_\_\_ (35 required)

Total dual cross-country time: \_\_\_\_\_ (5 required)

Dual night cross-country time: \_\_\_\_\_ (2 required)

Dual night time: \_\_\_\_\_ (5 required)

Total dual instrument training time: \_\_\_\_\_ (20 required)

Instrument flight time: \_\_\_\_\_ (10 required)

Instrument SIM time: \_\_\_\_\_ (max 10)

Total solo training time: \_\_\_\_\_ (30 required)

Solo night time: \_\_\_\_\_ (5 required)

300 nautical mile cross-country route: \_\_\_\_\_

Full stop #1 (Airport identifier and name): \_\_\_\_\_

Full stop #2 (Airport identifier and name): \_\_\_\_\_

Full stop #3 (Airport identifier and name): \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Canadian Aviation Regulations     | <input type="checkbox"/> Flight Instruments          |
| <input type="checkbox"/> Aerodynamics and Theory of Flight | <input type="checkbox"/> Radio and Electronic Theory |
| <input type="checkbox"/> Meteorology                       | <input type="checkbox"/> Navigation                  |
| <input type="checkbox"/> Airframes, Engines and Systems    | <input type="checkbox"/> Flight Operations           |
|  | <input type="checkbox"/> Licensing Requirements      |
|  | <input type="checkbox"/> Human Factors               |
|  | <input type="checkbox"/> Pilot Decision Making       |

## **Fill in each blank space with applicable info from supporting documents**

Commercial written exam completion date: \_\_\_\_\_ (dated within the past 2 years)  
(Include all dates for any partial tests or re-writes):

Commercial flight test completion date: \_\_\_\_\_ (dated within the past 1 year)  
(Include all dates for any partial tests or re-tests)

Medical Category: \_\_\_\_\_ (category 1 required)

Date of Last Medical: \_\_\_\_\_ (must be within the past 12 months, 6 months if 40 years and over)

Age (18 and over): YES / NO