



AVIATION DOCUMENT BOOKLET APPLICATION GUIDELINES

General Information

The following Advisory Circular provides more information - Advisory Circular 400-001 - *Application Guidelines for an Aviation Document Booklet*.

Complete the application form using **black** ink only.

Do not apply for an Aviation Document Booklet (ADB) if you only hold a Student Pilot Permit (SPP).

[More information on the ADB may be found on the following Transport Canada Civil Aviation \(TCCA\) web page](#)

The completed application, one photograph and all applicable supporting documentation shall be submitted to the [TCCA regional office](#) that is administering your licensing file.

A licensing fee is **not** required with this application. Applicants should be able to provide proof of information provided. Original documentation may be required by Transport Canada or its delegates.

Instructions on photograph requirements

1. ONE photograph of yourself, taken within the preceding 12 months, shall be submitted with the application. Do not attach the photograph to the application form.
2. The photograph shall meet all the requirements set out by TCCA. [Click here for access to the Photograph Requirements web page](#)
3. The name and address of the photograph studio and the date the photograph was taken (not the date the photograph was printed) shall be stamped or handwritten on the back of the photograph. **Note:** Stick-on labels are not accepted).
4. The verifier's declaration verifying the true likeness of the applicant shall be provided on the back of the photograph. (See Part B)

Part A Instructions - Personal Information

1. **The applicant** completes and signs the applicable fields in Part A.
2. *File 5802 N°* - This is the file number that is allocated to your file with the initial issue of your Canadian medical certificate.
3. *Surname and Given Name(s)* - names shall be identical to the document submitted to Transport Canada as "Proof of Citizenship" pursuant to section [421.06](#) of the CARs Standard.
4. *Citizenship* - citizenship shall be identical to the document submitted to Transport Canada as "Proof of Citizenship" pursuant to section [421.06](#) of the CARs Standard.
5. *Address and Address (line 2)* - as per the mailing address you would like Transport Canada to mail your licence and other aeronautical documents. *Postal Code* - could also be "Zip Code" and *Province/Territory* - could also be "State", "County", "District". **NOTE:** *The mailing address provided by the applicant in Part A of the application form will be considered as a "Notification of Change of Address" to Transport Canada. Please ensure that the address provided, is the mailing address that you would like your licensing documents to be mailed to.*
6. *E-mail address* - An e-mail address is now a standard requirement on all applications and should be included.
7. **This application is for ADB renewal** - If you do not already hold an ADB do not select this box. If your ADB is soon to expire (prior to 90 days) or has already expired, check the 'check box' and provide the expiry date in the space provided.

Note: By signing the application, the applicant declares that all the information provided in Part A and Part B are true. Any false or inaccurate information could result in delays or a possible "Refusal to Issue".

Part B Instructions - Certification by the Verifier - Attesting to Applicant's Identity

1. **The verifier** completes and signs the applicable fields in Part B.
2. The verifier can only be one person, other than the applicant, from the following list who confirms the applicant's identity:
 - a. A person who has a delegation of authority issued by the Minister of Transport in Canada to perform functions in support of civil aviation, such as an authorized person (AP) at a flight school or other commercial operator, a pilot examiner (PE), an authorized examination invigilator (AEI), a civil aviation medical examiner (CAME), an approved check pilot (ACP), among others,
 - b. A TCCA employee who has been assigned verifying duties by a manager,
 - c. A holder of a valid Canadian passport, a Canadian or British diplomatic or consular representative, **or**
 - d. A foreign person outside of Canada from the following list who is legitimately qualified in the country they reside in:

| | | |
|---|----------------|---------------------------|
| Aviation medical examiner or Medical doctor | Dentist | Judge |
| Practicing lawyer | Magistrate | Mayor |
| Notary public | Police officer | Signing officer of a bank |

3. *Type of verifier* - Select one person from the list above or as found in the drop down menu on the application form.
NOTE: *For a Canadian Passport holder or a foreign Police officer, a valid official document number is required in the space provided in this field.*

4. **Verifier "Declaration"** - Choose one of the "Familiarity Statements" provided on the form that best suits the relationship with the applicant and check the applicable "check box". If the applicant is not known for at least two years, the verifier shall attest to the applicant's identity based on another official supporting document. For example, government issued photograph identification such as a passport, driver's licence or citizenship card.
Note: Any signed "Certified True Copy" provided shall state "*I certify this to be a true copy of the original document.*"
 - a. *Supporting Document Expiry Date* - date of expiry stated on the document, if available.
 - b. *Supporting Document Identifying Number* - is a set of official identifying numbers, letters or a combination of the two, printed on the document by the provider of that document, which can be used to identify the document.

5. **Certify the Photograph** - Ensure the following statement is included on the back of the photograph: "*I certify this to be a true likeness of (applicant's name).*" This statement shall be clearly legible and followed by the verifier's signature

Note: By signing the application, the verifier certifies that all the information provided in Part A and Part B has been reviewed and from the information provided, that they attest to the identity of the applicant. Any false or inaccurate information could result in delays or a possible "Refusal to Issue".

Part C Instructions - For Departmental Use Only

PERSONAL INFORMATION PROVIDED ON THIS APPLICATION WILL BE PROTECTED UNDER THE PROVISIONS OF THE PRIVACY ACT



APPLICATION FOR AN AVIATION DOCUMENT BOOKLET

FOR OFFICIAL TRANSPORT CANADA USE ONLY

Do not attach Photograph

| Part A: Personal Information | |
|------------------------------|---|
| Surname | File 5802 N° |
| Given Name(s) | Gender M <input type="radio"/> F <input type="radio"/> |
| Address | Date of Birth (yyyy - mm - dd) |
| Address (Line 2) | Citizenship |
| City | Postal Code |
| Province/Territory | Country |

Note: Applicants holding an "Operational - level 4" language proficiency rating may be required to retest their language proficiency. (Refer to the Advisory Circular)

This application is for ADB renewal:

Expiry Date of Current ADB (yyyy-mm-dd)

| |
|-------------------------|
| Home Telephone Number |
| Office Telephone Number |
| Other Telephone Number |
| E-Mail Address |

| Declaration of Applicant | Use Black ink only |
|---|---|
| I hereby declare that all of the information provided in Part A, is true. | Void if signature touches border |
| | <div style="border: 1px solid black; height: 60px; width: 100%;"></div> |
| | Signature of Applicant |
| | Date of Application (yyyy-mm-dd) |

Part B: Certification by the Verifier - Attesting to applicant's identification

| Verifier Information | | |
|---|---------------------------|------------------------|
| Surname | Given Name(s) | |
| Address | | |
| Home Telephone Number | Business Telephone Number | Other Telephone Number |
| Type of Eligible Verifier <i>Note - Verifier type must be inserted in this field (Select the respective type from the drop down menu or from the table provided in the "Application Guidelines")</i> | | |

| Familiarity Statements | |
|--|--|
| I have known the applicant personally for at least two years and attest to the applicant's identity. (Supporting document of identity is not required.); OR <input type="radio"/> | |
| I have not known the applicant personally for at least two years. (Supporting documentation of identity is required with this application) <input type="radio"/> | |
| I attest to the applicant's identity based on the original supporting document: ("Certified True Copy" shall be provided with this application) <i>Note - Supporting document type used must be inserted in this field (Select the respective type from the drop down menu or from the examples provided in the "Application Guidelines")</i> | |
| Document Expiry Date (yyyy-mm-dd) | Supporting Document Identifying Number |
| Declaration I certify that all the information provided in Part A and Part B has been reviewed and from the information provided, I attest to the identity of the applicant. <div style="display: flex; justify-content: space-between;"> _____ Signature of Verifier _____ Date (yyyy-mm-dd) </div> | |

| Part C: For Departmental use only | |
|------------------------------------|-----------|
| FTAE Scanned Date (yyyy - mm - dd) | Signature |
| DAPLS Date (yyyy - mm - dd) | Signature |