



CIVILINĖS AVIACIJOS ADMINISTRACIJA
CIVIL AVIATION ADMINISTRATION OF THE REPUBLIC OF LITHUANIA

Rodūnios kelias 2, LT-02188 Vilnius, LITHUANIA
Tel.: + 370 5 273 9253 Fax: + 370 5 273 9248 E-mail: caa@caa.lt

INFORMATION FORM FOR THE VERIFICATION OF A LICENCE

Standard document N°155 (a)

ITEM	ICAO ANNEX 1	DESCRIPTION		
1	(i)	State of licence issue		
2	(ii)	Title of licence		
3	(iii)	Serial number of licence		
4	(iv)	Full name of holder (Last and first names)		
5	(iv a)	Date of birth (dd/mm/yyyy)		
6	(v)	Address of holder (as on licence)		
7	(vi)	Nationality of holder		
8	(viii)	Issuing Authority (conditions under which the licence was issued)		
9	(x)	Officer's name issuing the licence, date of issue and validity date		
10	(xii)	Valid Ratings held (Type / Class / Instrument and Instructor)	Ratings	Valid until (dd/mm/yyyy)
11	(xiii)	Remarks, i.e., special endorsements relating to limitations and endorsements for privileges		
11.1	(xiv)	Other details		
12		Past or pending enforcement action	Yes ☐ (If yes please give details on a separate page)	No ☐
		Medical Details, Class 1/2	Limitations	Valid until

Remarks: _____

I, _____ certify that the details entered on the form are true and correct.

Authority: _____

Phone: _____

Position: _____

Signature: _____

(stamp)

Date: _____