



TRINIDAD AND TOBAGO CIVIL AVIATION AUTHORITY

LETTER OF DISCONTINUANCE

Date:
dd/mm/yy

Applicant's name and address:
.....
.....

Dear:

On this date you successfully completed the oral portion of the skill test for a
Licence with an category and
(Indicate category) (Indicate class or type)
class or type rating. The skill test/proficiency check was discontinued because of
Indicate reason

If application is made by
(Indicate a date 60 days from day of letter)
this letter may be used to show the following portions of the skill test which have been completed satisfactorily.

Indicate pilot operations completed on the test

After you must repeat the entire skill test
Indicate expiration date

This letter does not extend the expiration date as shown on the knowledge test results, medical certificate or required endorsements.

Sincerely,

Examiner Licence No. Date:
dd/mm/yy