



FORM

FORM-M-PEL 001

August, 2019

APPLICATION FORM FOR ISSUE OR RENEWAL OF STUDENT PILOT LICENCE

Application Type (Please tick the appropriate box)		
I am applying for; Student Pilot Licence		
<input type="checkbox"/> Initial		
<input type="checkbox"/> Renewal	Licence No:	Expiry date:

Applicant's details:			
Name (as appearing on ID/Passport):			
Date of Birth:		Age (Min.16):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Phone Number:	
Postal Address			
Email address:			
ID/Passport No:		Nationality:	
Other Licence already held:		Name of ATO:	
Medical Certificate Details:			
Class of Medical:	Date of Medical:	Expiry date:	Name of AME(Doctor):
Attachments: Tick only if you have attached;			
<input type="checkbox"/> For Initial Issue:		<input type="checkbox"/> For Renewal:	
<input type="checkbox"/> A copy of Medical certificate		<input type="checkbox"/> A copy of Medical certificate	
<input type="checkbox"/> Two Passport size photos (2cm*2.5cm)		<input type="checkbox"/> Original Student Pilots Licence	
<input type="checkbox"/> A copy of ID/Passport			
Declaration:			
I declare, to the best of my knowledge and belief, that the information given in this application form and attachments are complete and correct.			
Signature:		Date:	
For Official Use Only:			
Fees:		Receipt No.:	
Date:		<input type="checkbox"/> HQ	<input type="checkbox"/> WAP <input type="checkbox"/> MSA
PEL Inspector's Name:		Signature:	