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|  | FORM FORM-M-PEL 001**August, 2019** |

**APPLICATION FORM FOR ISSUE OR RENEWAL OF STUDENT PILOT LICENCE**

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| **Application Type (Please tick the appropriate box)** |
| I am applying for; Student Pilot Licence  |
|  ☐ Initial ☐ Renewal  |
|  Licence No:  |

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| **Applicant’s details:** |
| Name (as it appears on ID/Passport): |
| Date of Birth:  | Age (Min.16): |
| Gender: ☐ Male ☐ Female  | Postal Address: |
| Email address: |
| ID/Passport No: | Nationality: |
| Licence held: | Phone Number: |
| **Medical Certificate Details:** |
| Class of Medical: | Date of Medical: | Expiry date: | Name of AME: |
|  |  |  |  |
| **Attachments: Tick only if you have attached;** |
| ☐ **For Initial Issue:** | ☐ **For Renewal:** |
| ☐ A copy of Medical certificate  | ☐ A copy of Medical certificate  |
| ☐ Two Passport size photos (3cm\*2.5cm)  | ☐ Original Student Pilots Licence |
| ☐ A copy of ID/Passport  |  |
| **Declaration**: |
| I declare to the best of my knowledge and belief, that the information given in this application and attachments are complete and correct. |
| Signature: Date: |
| **For Official Use Only:** |
| Fees:Receipt No**.:** |
| Date: **☐ HQ ☐ WAP ☐ MSA**  |
| PEL Inspector’s Name: Signature: |