



# FORM

FORM-M-PEL 001

August, 2019

## APPLICATION FOR ISSUE OR RENEWAL OF STUDENT PILOT LICENCE

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

<b>Applicant's details:</b>			
Name (as it appears on ID/Passport):			
Date of Birth:		Age (Min.16):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Postal Address:	
Email address:			
ID/Passport No:		Nationality:	
Licence held:		Phone Number:	
<b>Medical Certificate Details:</b>			
Class of Medical:	Date of Medical:	Expiry date:	Name of AME:
<b>Attachments: Tick only if you have attached;</b>			
<input type="checkbox"/> <b>For Initial Issue:</b>		<input type="checkbox"/> <b>For Renewal:</b>	
<input type="checkbox"/> A copy of Medical certificate		<input type="checkbox"/> A copy of Medical certificate	
<input type="checkbox"/> Two Passport size photos (3cm*2.5cm)		<input type="checkbox"/> Original Student Pilots Licence	
<input type="checkbox"/> A copy of ID/Passport			
<b>Declaration:</b>			
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:	
<b>For Official Use Only:</b>			
Fees:		Receipt No.:	
Date:	<input type="checkbox"/> HQ	<input type="checkbox"/> WAP	<input type="checkbox"/> MSA
PEL Inspector's Name:		Signature:	