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|  | FORM FORM-M-PEL 002-1**August, 2019** |

**APPLICATION FORM FOR ISSUE OR RENEWAL OF PRIVATE PILOT LICENCE (AEROPLANES)**

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| **Application Type (Please tick the appropriate box)** |
| I am applying for; Private Pilot Licence  |
|  ☐ Initial Issue  |
|  ☐ Renewal Licence No:  |
|  ☐ Conversion Foreign Licence No: Issuing State: |

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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:** |
|  |  |  |  |
| **Aeronautical Experience** | **PEL Inspector** |
| **For Initial Issue:** | **Standard** | **Actual** | **S** | **N/S** | **N/A** |
| Total Flight Time  | 40 |  |  |  |  |
| Solo flight time P1(US)  | 10 |  |  |  |  |
| Total solo cross-country flight time | 5 |  |  |  |  |
| Cross-country flight (100nm) | 1 |  |  |  |  |
| Date of this flight: |  |  |  |  |
| Synthetic flight trainer hours  | 5 |  |  |  |  |
| **For Renewal:** | **S** | **N/S** | **N/A** |
| Total Flight Time |  |  |  |  |  |
| PIC hours in the last 6 months | 5 |  |  |  |  |
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| **Examinations Done**  |  |  |
| **Test** | **Date** | **Expiry date:** | **Examiner** |
| Knowledge Test |  |  |  |
| PPL Practical Test |  |  |  |
|  |
| **Attachments:**  |
| **☐ For Initial Issue:** | **☐ For Renewal:** |
| ☐ A copy of Medical certificate  | ☐ A copy of Medical certificate  |
| ☐ Two Passport size photos (2cm\*2.5cm)  | ☐ Copies of the last 2 pages of the logbook  |
| ☐ A copy of ID/Passport  |  |
| ☐ Copies of the last 2 pages of the logbook  |  |
|  |  |
| ☐ **For Conversion:** |  |
| ☐ A copy of Kenyan Medical certificate  |  |
| ☐ A copy of Foreign Medical certificate  |  |
| ☐ Two Passport size photos (2cm\*2.5cm)  |  |
| ☐ A copy of ID/Passport  |  |
| ☐ Copies of the last 2 pages of the logbook  |  |
| ☐ A copy of the foreign licence  |  |
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| **Declaration**:  |
| I declare to the best of my knowledge and belief, that the information given in this application and attachments are complete and correct. |
| Name of Applicant: |
| Signature:  | Date: |

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| **For Official Use Only:** |
| Fees: Receipt No.: |
| Date: **☐ HQ ☐ WAP ☐ MSA**  |
| PEL Inspector’s Name: Signature: |

**Note: S- Satisfactory, US- Unsatisfactory, N/A- Not Applicable**