



# FORM

FORM-M-PEL 002-1

August, 2019

## APPLICATION FORM FOR RENEWAL, ISSUE OR CONVERSION OF PRIVATE PILOT LICENCE (AEROPLANES)

<b>Application Type (Please tick the appropriate box)</b>		
I am applying for; Private Pilot Licence		
<input type="checkbox"/> Initial Issue		
<input type="checkbox"/> Renewal	Licence No:	Expiry date:
<input type="checkbox"/> Conversion	Foreign Licence No:	Issuing State:

<b>Applicant's details:</b>							
Name (as it appears on ID/Passport):							
Date of Birth:			Age (Min.17):				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Phone Number:					
Postal Address:							
Email address:							
ID/Passport No.:			Nationality:				
Other Licence already held:							
ATO/Company name:							
Types of aircraft flown:							
<b>Medical Certificate Details:</b>							
<b>Class of Medical:</b>		<b>Date of Medical:</b>		<b>Expiry date:</b>		<b>Name of AME(Doctor):</b>	
<b>Aeronautical Experience</b>					<b>PEL Inspector</b>		
<b>For Renewal: Hours flown:</b>		<b>Standard</b>	<b>Day</b>	<b>Night</b>	<b>S</b>	<b>N/S</b>	<b>N/A</b>
PIC hours in the last 12 months		5					
PIC hours in the last 24 months							
Total Flight Time		40					
<b>For Initial Issue with single engine class rating:</b>			<b>Standard</b>	<b>Actual</b>	<b>S</b>	<b>N/S</b>	<b>N/A</b>
Total Flight time:			40				
Solo Flight time			10				
Total PIC cross-country flight time			5				

Cross-country flight (150nm)	1				
Number of full-stop landings at different aerodromes	2				
Date of this flight:					
Synthetic flight trainer hours	5				
<b>For initial issue with multi-engine class rating (in addition to the above):</b>					
Solo Flight time in the category sought	10				

<b>Examinations Done</b>			
<b>Test</b>	<b>Date</b>	<b>Expiry date:</b>	<b>Examiner</b>
Knowledge Test			
PPL Practical Test			
Practical skill test on multi-engine aircraft (For Multi-engine class rating)			

<b>Attachments:</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 (2cm*2.5cm)	<input type="checkbox"/> Copies of the last 2 pages of the logbook
<input type="checkbox"/> A copy of ID/Passport	
<input type="checkbox"/> Copies of the last 2 pages of the logbook	
<input type="checkbox"/> <b>For Conversion:</b>	
<input type="checkbox"/> A copy of Kenyan Medical certificate	<input type="checkbox"/> A copy of ID/Passport
<input type="checkbox"/> A copy of Foreign Medical certificate	<input type="checkbox"/> Copies of the last 2 pages of the logbook
<input type="checkbox"/> Two Passport size photos (2cm*2.5cm)	<input type="checkbox"/> A copy of the foreign licence

<b>Declaration:</b>	
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:

<b>For Official Use Only:</b>	
Fees:	Receipt No.:
Date:	<input type="checkbox"/> <b>HQ</b> <input type="checkbox"/> <b>WAP</b> <input type="checkbox"/> <b>MSA</b>
PEL Inspector's Name:	Signature:

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