



# FORM

FORM-M-PEL 002-2

August, 2019

## APPLICATION FOR ISSUE OR RENEWAL OF PRIVATE PILOT LICENCE (HELICOPTERS)

<b>Application Type (Please tick the appropriate box)</b>		
I am applying for; Private Pilot Licence		
<input type="checkbox"/> Issue		
<input type="checkbox"/> Renewal	Licence No:	
<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	Postal Address:
Email address:	
ID/Passport No:	Nationality:
Licence held	Phone Number:

<b>Medical Certificate Details:</b>			
<b>Class of Medical:</b>	<b>Date of Medical:</b>	<b>Expiry date:</b>	<b>Name of AME:</b>

<b>Aeronautical Experience</b>	<b>PEL Inspector</b>				
<b>For Initial Issue:</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 P <sub>1</sub> (US)	10				
Total solo cross-country flight time	5				
Cross-country flight (100nm)	1				
Date of this flight:					
Synthetic flight trainer hours (If applicable)	5				
<b>For Renewal:</b>					
Total Flight Time					
PIC hours in the last 12 months	5				

Examinations Done			
Test	Date	Expiry date	Examiner
Knowledge Test:			
PPL (H) Practical Test:			
Technical type Rating (TTR):			
<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	<input type="checkbox"/> Copies of the last 2 pages of the logbook		
<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 (3cm*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"/> HQ	<input type="checkbox"/> WAP	<input type="checkbox"/> MSA
PEL Inspector's Name:	Signature:		

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