|  |  |
| --- | --- |
|  | FORM  FORM-M-PEL 002-3  **August, 2019** |

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

|  |
| --- |
| **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: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant details:** | | | | | | | |
| Name (as it appears on ID/Passport): | | | | | | | |
| Date of Birth: | | | Age (Min.17): | | | | |
| 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 | | | 16 hours |  |  |  |  |
| **For a gas balloon:** | | |  |  |  |  |  |
| Solo flight time P1(US) | | | 5 hours |  |  |  |  |
| Flight involving a controlled ascent to 3,000 ft. above the launch site; | | | 1 flight |  |  |  |  |
| Flights of 2 hours each that consists of one training flight within 60 days prior to application for the rating on the areas of operation for a gas balloon | | | 2 |  |  |  |  |
|  | | | | | | | |
| **For a balloon with an airborne heater:** | | |  |  |  |  |  |
| Solo flight time P1(US) | | | 5 hours |  |  |  |  |
| Flight involving a controlled ascent to 3,000 ft. above the launch site; | | | 1 flight |  |  |  |  |
| Flight of 1 hour each that consists of one training flight within 60 days prior to application for the rating | | | 2 flight |  |  |  |  |
|  | | | | | | | |
| **For Renewal:** | | | **Standard** | **Actual** | **S** | **N/S** | **N/A** |
| Total Flight Time | | |  |  |  |  |  |
| PIC hours in the last 12 months | | | 3 |  |  |  |  |
| **Examinations Done** | | | | | | | |
| **Test** | | **Date** | **Expiry date:** | | **Examiner:** | | |
| Knowledge Test | |  |  | |  | | |
| PPL (B) Practical Test | |  |  | |  | | |
|  | | | | | | | |
| **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 (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 | | |  | | | | |
|  | | | | | | | |
| **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: | | | | | | | |

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