



FORM

FORM-M-PEL 002-3

August, 2019

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

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

| | |
|---|-----------------|
| Applicant details: | |
| 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: |

| | | | |
|-------------------------------------|-------------------------|---------------------|---------------------|
| 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 P ₁ (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 P ₁ (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; | | | | | |
| <input type="checkbox"/> For Initial Issue: | | | <input type="checkbox"/> For Renewal: | | |
| <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"/> For Conversion: | | | | | |
| <input type="checkbox"/> A copy of Kenyan Medical certificate | | | | | |
| <input type="checkbox"/> A copy of Foreign Medical certificate | | | | | |
| <input type="checkbox"/> Two Passport size photos (2cm*2.5cm) | | | | | |
| <input type="checkbox"/> A copy of ID/Passport | | | | | |
| <input type="checkbox"/> Copies of the last 2 pages of the logbook | | | | | |
| <input type="checkbox"/> A copy of the foreign licence | | | | | |
| Declaration: | | | | | |
| 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: | | |
| For Official Use Only: | | | | | |
| 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