



# FORM

FORM-M-PEL 003-1

August, 2019

## APPLICATION FOR ISSUE OR RENEWAL OF COMMERCIAL PILOT LICENCE (AEROPLANES)

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

<b>Applicant details:</b>					
Name (as it appears on ID/Passport):					
Licence Held:			Phone No.		
Date of Birth:			Age (Min.18):		
Gender:		<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Postal Address:			Email address:		
ID/Passport No:			Nationality:		
<b>Medical Certificate Details:</b>					
<b>Class of Medical:</b>	<b>Date of Medical Test:</b>	<b>Expiry date:</b>	<b>Name of Doctor:</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	200 hours				
Synthetic flight trainer hours	10 hours				
Solo PIC flight time	100 hours				
Solo cross-country flight time	20 hours				
One cross-country flight (300nm)	1 flight				
Full-stop landings at different aerodromes	2				
Date of this flight:					
Instrument Instruction time	10 hours				
Instrument time in the synthetic flight trainer;	< 5 hours				

Night flight time;	5 hours				
Take offs and landings as PIC (Number)	5				
<b>Credit towards 200 h of flight time for a pilot licensed in another category</b>					
Flight time as pilot-in-command in a category other than helicopters	10 hours				
Flight time as pilot-in-command holding a PPL(H)	30 hours				
Flight time as pilot-in-command holding a CPL(H)	100 hours				
<b>For Renewal:</b>	<b>Standard</b>	<b>Actual</b>	<b>S</b>	<b>N/S</b>	<b>N/A</b>
PIC hours in the last 6 months	6				
Take-offs and landings	6				
Date of last Instrument Rating check (dd/mm/yyyy)					
Total Flight Time					
<b>Examinations Done</b>					
<b>Test</b>	<b>Date of Test</b>	<b>Expiry date</b>	<b>Examiner</b>		
Knowledge Test					
PPL Practical Test					
<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 (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**