



# FORM

FORM-M-PEL 003-3

August, 2019

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

<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):	
Date of Birth:	Age (Min.18):
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>

Technical Experience	PEL Inspector				
For Initial Issue:	Standard	Actual	S	N/S	N/A
Total Flight Time	35 hours				
<b>For Gas Balloon: The Training Hours should be:</b>					
PIC flight time	10 hours				
Flights involving a controlled ascent to five thousand feet (5000ft) above the launch site	2 flights				
<b>For a balloon with an airborne heater</b>					
Flights of 2 hours each in the appropriate areas of operation within 60 days prior to application for the rating;	2 training flights				
PIC flight time	10 hours				
Flights involving a controlled ascent to five thousand feet (5000ft) above the launch site	2 flights				

<b>Credit towards 35 h of flight time for a pilot licensed in another category</b>				
Flight time as pilot-in-command in a category other than balloons	10 hours			
<b>For Renewal:</b>	<b>Standard</b>	<b>Actual</b>	<b>S</b>	<b>N/S</b>
Total Flight Time				
PIC or co-pilot hours within the last 6 months preceding the date of application for renewal	3			
Number of launches and landings	3			
<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"/> 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"/> HQ <input type="checkbox"/> WAP <input type="checkbox"/> MSA		
PEL Inspector's Name:		Signature:		

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