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|  | FORM  FORM-M-PEL 006  **August, 2019** |

**APPLICATION FOR ISSUE OR RENEWAL OF FLIGHT OPERATIONS OFFICER’S LICENCE**

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| **Application Type (Please tick the appropriate box):** |
| I am applying for; Flight Operations Officer Licence (FOO) |
| **☐** Initial |
| **☐** Renewal Licence No: |
| **☐** Conversion Foreign Licence No: Issuing State: |

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| **Applicant details:** | | | | | |
| Name (as it appears on ID/Passport): | | | | | |
| Date of Birth: | | | | Age (Min.21): | |
| ID/Passport No: | | | | Nationality: | |
| Gender: **☐** Male **☐** Female | | | | Postal Address: | |
| Email address: | | | | | |
| Particulars of any licence already held (if applicable): | | | | | |
|  | | | | | |
| **Examinations** | **Date of exam** | | | | **Expiry date:** |
| Knowledge test date: |  | | | |  |
|  | | | | | |
| **Attachments:** | | | | | |
| **☐** **For Initial Issue:** | | | **☐ For Renewal:** | | |
| **☐** A certificate from an ATO | | | **☐** A copy of Medical certificate | | |
| **☐** Two Passport size photos (3cm \* 2.5cm) | | | **☐** Original Flight Operations Officer Licence | | |
| **☐** A letter from an airline to show that he has been working for 90 days within the last 6 months preceding the date of application. | | | **☐** A letter from an airline to show that he has been working for has performed his duties in the six months preceding the date of application for renewal exercising the privileges of the licence. | | |
| **☐** A copy of ID/Passport | | |  | | |
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| **☐ For Conversion:** | | | | | |
| **☐** A copy of Kenyan Medical certificate | | **☐** A copy of ID/Passport | | | |
| **☐** A copy of Foreign Medical certificate | | **☐** Copies of the last 2 pages of the logbook | | | |
| **☐** Two Passport size photos (3cm\*2.5cm) | | **☐** A copy of the foreign licence | | | |
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| **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: | | | | | |