

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

<b>Application Type (Please tick the appropriate box):</b>		
I am applying for; Flight Operations Officer Licence (FOO)		
<input type="checkbox"/> Initial		
<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.21):	
ID/Passport No:	Nationality:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Postal Address:	
Email address:		
Licence already held (if applicable):		
<b>Examinations</b>	<b>Date of exam</b>	<b>Expiry date:</b>
Knowledge test date:		

<b>Attachments:</b>	
<input type="checkbox"/> <b>For Initial Issue:</b>	<input type="checkbox"/> <b>For Renewal:</b>
<input type="checkbox"/> A certificate of completion of FD course from an ATO	<input type="checkbox"/> A copy of Medical certificate
<input type="checkbox"/> Two Passport size photos (2cm * 2.5cm)	<input type="checkbox"/> Original Flight Operations Officer Licence
<input type="checkbox"/> 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.	<input type="checkbox"/> 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.
<input type="checkbox"/> A copy of ID/Passport	
<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 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:	