|  |  |
| --- | --- |
|  | FORM FORM-M-PEL 008**August 2019** |

**APPLICATION FORM FOR INSTRUMENT RATING ENDORSEMENT ON A LICENCE**

|  |
| --- |
| **Application Type (Please tick the appropriate box)** |
| I am applying for endorsement of:  |
| **☐** Initial Instrument Rating  |
| **☐** Renewal Instrument Rating |
|  Licence No: |

|  |
| --- |
| **Applicant details:** |
| Name (as it appears on ID/Passport): |
| Date of Birth:  | Age: |
| Gender: ☐ Male ☐ 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** |
| Cross-country flight time as pilot-in-command of aircraft in categories  | 50 hours  |  |  |  |  |
| Cross-country Flight time in aeroplane or helicopter; and | 10 hours |  |  |  |  |
| Total actual flight Instrument Instruction timein Helicopters or Aeroplanes Simulator flight instrument instruction hours (not more than 20 hours, or 30 hours)Instrument ground time under the supervision of an authorised instructor. | 40 hours<20 hours20 hours |  |  |  |  |
| If the privileges of the instrument rating are to be exercised on a multi-engine aeroplane out of the 20 hours specified above in the instrument ground time, 15 hours of dual instruction must be in a multi-engine aeroplane. | 15 hours |  |  |  |  |
|  |
| **For Renewal:** | **Date**  | **Expiry date** |
| Date of last IR flight test. |  |  |
|  |
| **Examinations:** | **Date of Exam**  | **Expiry date** |
| Knowledge test (for PPL holders) |  |  |
| Skill test for Instrument Rating (Initial) |  |  |
|  |
| **Attachments: Tick only if you have attached;** |
| ☐ **For Initial Issue:** | ☐ **For Renewal:** |
| ☐ Copies of relevant pages of logbook  | ☐ Copies of relevant pages of logbook  |
| ☐ Original Licence  | ☐ Original Licence |
| ☐ Copies of training records  | ☐ Copies of training records  |
| ☐ Copy of Night Rating Practical Test form  | ☐ Copy of Practical Test form (Form 64) |
|  |
| **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: |

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