

APPLICATION FORM FOR INSTRUMENT RATING ENDORSEMENT ON A LICENCE

Application Type (Please tick the appropriate box)	
I am applying for endorsement of:	
<input type="checkbox"/> Initial Instrument Rating	
<input type="checkbox"/> Renewal Instrument Rating	
Licence No:	Expiry date:

Applicant's details:	
Name (as it appears on ID/Passport):	
Date of Birth:	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:
Postal Address:	
Email address:	
ID/Passport No:	Nationality:
Aircraft types flown:	

Medical Certificate Details:			
Class of Medical:	Date of Medical:	Expiry date:	Name of AME:

Aeronautical Experience:	Standard	Actual	PEL Inspector		
			S	N/S	N/A
For Initial Issue:					
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 time in Helicopters or Aeroplanes	40 hours				
Simulator flight instrument instruction hours (not more than 20 hours, or 30 hours)	<20 hours				
Instrument ground time under the supervision of an authorized instructor.	20 hours				

Flight hours on a multi-engine aeroplane	15 hours				
For Renewal:					
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;					
<input type="checkbox"/> For Initial Issue:			<input type="checkbox"/> For Renewal:		
<input type="checkbox"/> Copies of relevant pages of logbook			<input type="checkbox"/> Copies of relevant pages of logbook		
<input type="checkbox"/> Original Licence			<input type="checkbox"/> Original Licence		
<input type="checkbox"/> Copies of training records			<input type="checkbox"/> Copies of training records		
<input type="checkbox"/> Copy of Night Rating Practical Test form			<input type="checkbox"/> 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:		<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