

APPLICATION FORM FOR VALIDATION CERTIFICATE OF A FOREIGN LICENCE

Application Type (Please tick the appropriate box)				
I am applying for Validation of				
<input type="checkbox"/> PPL	<input type="checkbox"/> CPL	<input type="checkbox"/> ATPL	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> AMEL
Foreign Licence No.:				
Issuing Authority:				

Applicant details:	
Name (as it appears on ID/Passport):	
Date of Birth:	Age (Min.16):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:
Postal Address:	
Email address:	
ID/Passport No:	Nationality:
Kenyan Organization:	
Types of Aircraft flown:	

Medical Certificate Details:			
Class of Medical:	Date of Medical:	Expiry date:	Name of AME:
Technical Experience		Date of Issue:	Expiry Date:
<input type="checkbox"/> PPL	<input type="checkbox"/> CPL	<input type="checkbox"/> ATPL	
Instrument rating (Incases of CPL & ATPL)			
Flight Engineer			
AMEL			
English Language Proficiency Level Level:			
Flight Radio Telephony Licence (if applicable)			
Flying Experience			
Total Flight hours to date			
Total Flight hours within the last 6 months			

Total Flight hours within the last 12 months		
Examinations		
	Date of exam:	Valid Until:
Validation Exam		
Aircraft type ratings applying for:		
	Date of Issue:	Valid Until:
Attachments:		
<input type="checkbox"/> For Initial Issue:		
<input type="checkbox"/> A copy of Medical certificate	<input type="checkbox"/> Copies of the last 2 pages of the logbook	
<input type="checkbox"/> Copy of the foreign medical certificate	<input type="checkbox"/> A copy of the foreign licence	
<input type="checkbox"/> 1 Passport size photo	<input type="checkbox"/> A copy of IR test form for CPL and ATPL holders	
<input type="checkbox"/> A copy of ID/Passport	<input type="checkbox"/> Copy of the validation exam results slip	
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:		Date:
Receipt No.:	<input type="checkbox"/> HQ	<input type="checkbox"/> WAP <input type="checkbox"/> MSA
PEL Inspector's Name:		Signature: