

APPLICATION FORM FOR REPLACEMENT OF A LICENCE

Application Type (Please tick the appropriate box)			
I am applying for the replacement of:			
<input type="checkbox"/> SPL	Licence No.	<input type="checkbox"/> FOO	Licence No.
<input type="checkbox"/> PPL	Licence No.	<input type="checkbox"/> ATC	Licence No.
<input type="checkbox"/> CPL	Licence No.	<input type="checkbox"/> AMEL	Licence No.
<input type="checkbox"/> ATPL	Licence No.	<input type="checkbox"/> FRTOL	Licence No.
<input type="checkbox"/> Flight Engineer	Licence No.	<input type="checkbox"/> CMC	Licence No.

Applicant details:			
Name (as it appears on ID/Passport):			
Date of Birth:		Age:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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:
Reason for replacement			
<input type="checkbox"/> Loss of a licence; (Duplicate licence)			
<input type="checkbox"/> Damage of a licence (Re-issue)			
<input type="checkbox"/> Change of personal details on a licence (Re-issue)			
What details would you like to change in the licence?			
Attachments: Tick only if you have attached;			
<input type="checkbox"/> For Duplicate licence:		<input type="checkbox"/> For Re-issue:	
<input type="checkbox"/> The original police abstract		<input type="checkbox"/> The original licence to be replaced	

<input type="checkbox"/> Two Passport size photos	<input type="checkbox"/> Two Passport size photos
	<input type="checkbox"/> An affidavit from lawyer in regard to the details that are to be changed.
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: MSA	<input type="checkbox"/> HQ <input type="checkbox"/> WAP <input type="checkbox"/>
PEL Inspector's Name:	Signature: