

**APPLICATION FORM FOR ENDORSEMENT OF A FLIGHT INSTRUCTOR'S  
RATING ON A LICENCE**

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

<b>Applicant's details:</b>						
Name (as it appears on ID/Passport):						
Date of Birth:			Age (Min 18):			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Phone Number:			
Postal Address:						
Email address:						
ID/Passport No:			Nationality:			
ATO/Company:						
<b>Medical Details:</b>						
Class of Medical:			Name of Aviation Medical Examiner:			
Date of Medical:						
<b>Aeronautical Experience:</b>				<b>PEL Inspector</b>		
<b>For Initial Issue:</b>		<b>Standard</b>	<b>Actual</b>	<b>S</b>	<b>N/S</b>	<b>N/A</b>
Total Hours of instruction received		20 hours				
PIC hours in the aircraft type for which the FIR is sought; and		15 hours				
Aircraft type rating to be used for instruction						
<b>Examinations:</b>		<b>Date of Exam</b>		<b>Expiry date</b>		
Skill test						
Instrument Rating flight test (For IR instructors)						
<b>For Renewal</b>		<b>Standard</b>	<b>Actual</b>	<b>S</b>	<b>N/S</b>	<b>N/A</b>
Number of instructional hours the flight instructor has performed as a flight instructor or		20 hours				

company check pilot within the preceding twelve months.					
Evidence that he/she has passed a practical test for renewal of FIR (Skill Test Form)					
<input type="checkbox"/> <b>For Initial Issue:</b>		<input type="checkbox"/> <b>For Renewal:</b>			
<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"/> Copy of Skill Test form (Form 64)					
<b>Declaration:</b>					
I declare, to the best of my knowledge and belief, that the information given in this application form 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:		

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