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|  | FORM  FORM-M-PEL 014-3  **August 2019** |

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant details:** | | | | | |
| Name (as it appears on ID/Passport): | | | | | |
| Date of Birth: | Age (Min.16): | | | | |
| Gender**: ☐** Male **☐** Female | Postal Address: | | | | |
| Email address: | | | | | |
| ID/Passport No: | Nationality: | | | | |
| Licence held: | Phone Number: | | | | |
| ATO/Organization: | | | | | |
|  | | | | | |
| **Aeronautical Experience:** |  |  | **PEL Inspector** | | |
| **For Initial Issue:** | **Standard** | **Actual** | **S** | **N/S** | **N/A** |
| Dual instruction under a qualified instructor in night flying | 5 hours |  |  |  |  |
| Number of Flights as pilot in command | 5 flights |  |  |  |  |
| Number of take offs and landings in an aircraft. | 5 |  |  |  |  |
|  |  |  |  |  |  |
| **For Renewal:** |  |  |  |  |  |
| Number of take offs and landings in an aircraft. | 5 |  |  |  |  |
|  | | | | | |
| **Examinations:** | **Date of Exam** | | **Expiry date** | | |
| Skill test for Night Rating |  | |  | | |
|  | | | | | |
| **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 | | | | |
| **☐** Copy of Night Rating Practical Test form | **☐** Copy of Practical Test form (Form 64) | | | | |
|  | | | | | |
| **Declaration**: | | | | | |
| I declare that to the best of my knowledge and belief the statements made, and the information supplied in this application and the attachments are complete and correct. | | | | | |
| Signature: Date: | | | | | |

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| **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**