

APPLICATION FORM FOR BOOKING PRIVATE PILOT LICENCE GENERAL FLIGHT TEST

Application Type (Please tick the appropriate box);	
I am applying for GFT for	
<input type="checkbox"/> Aeroplanes	<input type="checkbox"/> Helicopters

Applicant details:			
Name (as appearing on ID/Passport):			
Date of Birth:		Age (Min 17):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Phone Number:	
Postal Address:			
Email address:			
ID/Passport No:		Nationality:	
Licence held:			
Name of ATO:			
Aircraft Types flown:			
Medical Certificate Details:			
Class of Medical:	Date of Medical:	Expiry date:	Name of AME (Doctor):
Aeronautical Experience:			PEL Inspector
For Initial Issue with single engine class rating:	Standard	Actual	S N/S N/A
Total Flight time:	40		
Solo Flight time	10		
Total PIC cross-country flight time	5		
Cross-country flight (150nm for Aeroplanes) (100nm for Helicopters)	1		

Number of full-stop landings at different aerodromes	2				
Date of this flight:					
Synthetic flight trainer hours	5				
Examinations:					
	Date of Exam	Expiry date			
PPL Knowledge test					
Attachments: Tick only if you have attached;					
<input type="checkbox"/> Copies of the last 2 pages of logbook					
<input type="checkbox"/> Copy of the Knowledge Test 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:		

Instructor's remarks:
I certify that this applicant is well prepared and ready to sit for the examination.
Stamp of the ATO:
Name of the Instructor:
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