



FORM

FORM-M-PEL 017-3

August 2019

APPLICATION FORM FOR BOOKING SKILL TESTS FOR AIRLINE TRANSPORT PILOT LICENCE

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 it appears on ID/Passport):	
Date of Birth:	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:
Postal Address:	
Email address:	
ID/Passport No:	Nationality:
Other Licence already held:	ATO/Company:

Medical Certificate Details:			
Class of Medical:	Date of Medical:	Expiry date:	Name of AME (Doctor):

Aeronautical Experience (Aeroplanes)			PEL Inspector		
For Initial Issue:	Standard	Actual	S	N/S	N/A
Total Flight Time	1500 hours				
Synthetic flight trainer hours	100 hours				
Time in Flight Procedure Trainer or Basic Instrument Flight Trainer	25 hours				
PIC flight time	250 hours				
Flight time as pilot-in-command	100 hours				
Flight time as co-pilot under supervision of pilot in command	150 hours				
P ₁ US flight time	500 hours				
Cross-country flight time	200 hours				
Flight time as pilot-in-command or as co-pilot under supervision of pilot in command	100 hours				

Instrument flight time in aeroplane	75 hours				
Instrument time in the synthetic flight trainer;	30 hours				
Aeronautical Experience (Helicopter)			PEL Inspector		
For Initial Issue and Conversion:	Standard	Actual	S	N/S	N/A
Total Flight Time	1000 hours				
Synthetic flight trainer hours	100 hours				
Time in Flight Procedure Trainer or Basic Instrument Flight Trainer	25 hours				
PIC flight time	250 hours				
Flight time as pilot-in-command	100 hours				
Flight time as co-pilot under supervision of pilot in command	150 hours				
P ₁ US flight time	500 hours				
Cross-country flight time	200 hours				
Flight time as pilot-in-command or as co-pilot under supervision of pilot in command	100 hours				
Instrument flight time in helicopter	75 hours				
Instrument time in the synthetic flight trainer;	30 hours				
Night flight time:	100 hours				
Examinations:					
		Date of Exam	Expiry date		
ATPL Knowledge test					
Attachments: Tick only if you have attached;					
<input type="checkbox"/> For Initial:					
<input type="checkbox"/> Copies of relevant 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:		
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