

**APPLICATION FORM FOR BOOKING INITIAL INSTRUMENT
RATING FLIGHT TEST**

Applicant's 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:		
Number of Licence already held:					
Types of aircraft flown:					
Medical Certificate Details:					
Class of Medical:	Date of Medical:	Expiry date:	Name of AME (Doctor):		
Aeronautical Experience:					
For Initial Issue:	Standard	Actual	PEL Inspector		
			S	N/S	N/A
Cross-country flight time as pilot-in-command of aircraft in categories	50 hours				
Cross-country Flight time in aeroplane or helicopter; and	10 hours				
Total actual flight Instrument Instruction time in Helicopters or Aeroplanes	40 hours				
Simulator flight instrument instruction hours (not more than 20 hours, or 30 hours)	<20 hours				
Instrument ground time under the supervision of an authorized instructor.	20 hours				
Flight hours of dual instruction in a multi-engine aeroplane.	15 hours				
For Renewal:					
Date of last IR flight test.	Date		Expiry date		

Examinations:	Date of Exam	Expiry date
CPL Knowledge test (for PPL holders)		
Attachments: Tick only if you have attached;		
<input type="checkbox"/> For Initial Issue:		
<input type="checkbox"/> Copies of relevant pages of logbook		
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