

Form: O-PEL001

May 2013

KENYA CIVIL AVIATION AUTHORITY

APPLICATION FOR ISSUE OR RENEWAL OF A STUDENT PILOT LICENCE

I here	by apply t	for the	e ISSUE/REN	EWAL of									
1.	(a) Surname												
	(b)First name Middle Name(s)												
2.	(a) Resido				(b) Postal Address:								
3	(a) Private Telephone No. (b) Business Telephone No.												
4. F	(c) Fax No												
6. Nationality: 7. Sex: M □ F □													
8.	8. Name of ATO at which instructed.												
9.	PARTIC	ULAF	7. Sex: M □ F □										
Plac	e of Issue	Date	of Issue	Type of Licence	Number	Expiry Date							
10. Category, Class and or Type (if required) for which the Licence is required.													
Category			Class		Туре								

Regulations?	YES / NO			
Date	s of Medicale of Issuee of Medical Examiner			
13. I am able to re	ad, speak, write, and unders	ge. YES / NO		
14. I have met all	the requirements for the Gra	YES / NO		
	dge and belief.	the particulars I have giv	have given in this form are true to the best Date of Application	
	TOP.			
	FOR	OFFICIAL USE ONL	<u>Y </u>	
Fees Paid:	Date:	Receipt #	File#	
Name -	Signature		of the PEL Officer	
	n.m.o.n	/		

11. Whether yet examined for and obtained a medical certificate in accordance with the Civil Aviation

INFORMATION AND INSTRUCTIONS:

- (1) This form when completed should be forwarded to the Director General, Kenya Civil Aviation Authority P. O. Box 30163-00100, Nairobi, Kenya, Tel: +254-20-827470-5, Fax: +254-20-822300, E-mail: licensing@kcaa.or.ke, Website: www.kcaa.or.ke; together with the following:
 - (a) The appropriate fees;
 - (b) Documents relating to proof of age, date of birth, full name and nationality. (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is printed in a language other than English, the applicant must provide a notarized translation).
 - (c) Two recent photographs (approximately 2 cm by 2.5cm) taken from the same negative (full face).
 - (d) Medical Certificate from authorized Civil Aviation Medical Examiner.
 - (e) Evidence of qualification to meet the requirement for the issue/renewal of the licence;
 - (f) Any licences held.