



# FORM

FORM-M-PEL 003-3

August, 2019

## APPLICATION FORM FOR RENEWAL, ISSUE OR CONVERSION OF COMMERCIAL PILOT LICENCE (BALLOONS)

<b>Application Type (Please tick the appropriate box)</b>		
I am applying for; Commercial Pilot Licence		
<input type="checkbox"/> Initial Issue		
<input type="checkbox"/> Renewal	Licence No:	Expiry date:
<input type="checkbox"/> Conversion	Foreign Licence No:	Issuing State:

<b>Applicant details:</b>						
Name (as it appears on ID/Passport):						
Date of Birth:			Age (Min.18):			
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 name:						
Types of aircraft flown:						
<b>Medical Certificate Details:</b>						
<b>Class of Medical:</b>	<b>Date of Medical:</b>	<b>Expiry date:</b>	<b>Name of AME:</b>			
<b>Aeronautical Experience</b>					<b>PEL Inspector</b>	
<b>For Renewal:</b>	<b>Standard</b>	<b>Day</b>	<b>Night</b>	<b>S</b>	<b>N/S</b>	<b>N/A</b>
PIC hours within the last 6 months preceding the date of application for renewal	3					
Number of launches and landings	3					
Total Flight Time:						
<b>For Initial Issue:</b>		<b>Standard</b>	<b>Actual</b>	<b>S</b>	<b>N/S</b>	<b>N/A</b>
Total Flight Time		35 hours				
<b>For Gas Balloon: The Training Hours should be:</b>						

PIC flight time	10 hours				
Flights involving a controlled ascent to five thousand feet (5000ft) above the launch site	2 flights				
Flights of 2 hours each in the appropriate areas of operation within 60 days prior to application for the rating	2 training flights				
<b>For a balloon with an airborne heater</b>					
Flights of 2 hours each in the appropriate areas of operation within 60 days prior to application for the rating;	2 training flights				
PIC flight time	10 hours				
Flights involving a controlled ascent to five thousand feet (5000ft) above the launch site	2 flights				
<b>Credit towards 35 h of flight time for a pilot licensed in another category</b>					
Flight time as pilot-in-command in a category other than balloons	10 hours				
<b>Examinations Done</b>					
<b>Test</b>	<b>Date of Test</b>	<b>Expiry date</b>	<b>Examiner</b>		
Knowledge Test					
PPL Skill Test					
English Language Proficiency exam					
Technical Type Rating Exam (TTR)					
Aircraft Type Rating Flight Test (Form 64)					
<b>Attachments: Tick only if you have attached;</b>					
<input type="checkbox"/> <b>For Initial Issue:</b>		<input type="checkbox"/> <b>For Renewal:</b>			
<input type="checkbox"/> A copy of Medical certificate		<input type="checkbox"/> A copy of Medical certificate			
<input type="checkbox"/> Two Passport size photos (2cm*2.5cm)		<input type="checkbox"/> Copies of the last 2 pages of the logbook			
<input type="checkbox"/> A copy of ID/Passport					
<input type="checkbox"/> Copies of the last 2 pages of the logbook					
<input type="checkbox"/> <b>For Conversion:</b>					
<input type="checkbox"/> A copy of Kenyan Medical certificate		<input type="checkbox"/> A copy of ID/Passport			
<input type="checkbox"/> A copy of Foreign Medical certificate		<input type="checkbox"/> Copies of the last 2 pages of the logbook			
<input type="checkbox"/> Two Passport size photos (2cm*2.5cm)		<input type="checkbox"/> A copy of the foreign licence			
<b>Declaration:</b>					
I declare, to the best of my knowledge and belief, that the information given in this application form and attachments are complete and correct.					
Signature:			Date:		
<b>For Official Use Only:</b>					
Fees:			Receipt No.:		
Date:		<input type="checkbox"/> <b>HQ</b>		<input type="checkbox"/> <b>WAP</b> <input type="checkbox"/> <b>MSA</b>	
PEL Inspector's Name:			Signature:		

**Note: S- Satisfactory, N/S- Unsatisfactory, N/A- Not Applicable**