

KENYA CIVIL AVIATION AUTHORITY

MONTHLY STATISTICS REPORTING FORM – FLIGHT TRAINING

Airline:..... Month.....Year.....
 Base: Submission date:.....
 Address:.....
 Airline Contact Person (Full Names):..... Tel:..... Email:.....

AIR TRANSPORT MONTHLY RETURNS															
Date (dd/mm)	Type of service: Instructional Flying														
	Aircraft		Airport		Type of Flying Instruction		Number of Flights under flying instruction		Instructional Hours Flown		Type of non-flying Instruction		Total Number of Licences gained by class type		
	Type (B)	Regn. (C)	From (D)	To (E)	Instruction (F)	Number of Students (G)	Dual (H)	Solo (I)	Dual (J)	Solo (K)	Instruction (L)	Hours (M)	PPL (N)	CPL (O)	ATPL (P)
(A)															
Total															

- NOTES:** (i) Fill in all details for each section i.e, training by instructional stage
 (ii) Please indicate the type of instruction in **column F** and the corresponding number of students under the instruction in **column G**
 (iii) Please use additional sheets as required
 (iv) Attach a copy of current schedule for instructional charges

Returns prepared by (Full Names):..... Sign:.....