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|  | FORM  FORM-M-PEL 001  **August, 2019** |

**APPLICATION FORM FOR ISSUE OR RENEWAL OF STUDENT PILOT LICENCE**

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| **Application Type (Please tick the appropriate box)** |
| I am applying for; Student Pilot Licence |
| ☐ Initial ☐ Renewal |
| Licence No: |

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| **Applicant’s details:** | | | |
| Name (as it appears on ID/Passport): | | | |
| Date of Birth: | | Age (Min.16): | |
| Gender: ☐ Male ☐ Female | | Postal Address: | |
| Email address: | | | |
| ID/Passport No: | | Nationality: | |
| Licence held: | | Phone Number: | |
| **Medical Certificate Details:** | | | |
| Class of Medical: | Date of Medical: | Expiry date: | Name of AME: |
|  |  |  |  |
| **Attachments: Tick only if you have attached;** | | | |
| ☐ **For Initial Issue:** | | ☐ **For Renewal:** | |
| ☐ A copy of Medical certificate | | ☐ A copy of Medical certificate | |
| ☐ Two Passport size photos (3cm\*2.5cm) | | ☐ Original Student Pilots Licence | |
| ☐ A copy of ID/Passport | |  | |
| **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: **☐ HQ ☐ WAP ☐ MSA** | | | |
| PEL Inspector’s Name: Signature: | | | |