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|  | FORM  FORM-M-PEL 002-1  **August, 2019** |

**APPLICATION FORM FOR ISSUE OR RENEWAL OF PRIVATE PILOT LICENCE (AEROPLANES)**

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| **Application Type (Please tick the appropriate box)** |
| I am applying for; Private Pilot Licence |
| ☐ Initial Issue |
| ☐ Renewal Licence No: |
| ☐ Conversion Foreign Licence No: Issuing State: |

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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:** | | |
|  |  |  | |  | | |
| **Aeronautical Experience** | | | | **PEL Inspector** | | |
| **For Initial Issue:** | | **Standard** | **Actual** | **S** | **N/S** | **N/A** |
| Total Flight Time | | 40 |  |  |  |  |
| Solo flight time P1(US) | | 10 |  |  |  |  |
| Total solo cross-country flight time | | 5 |  |  |  |  |
| Cross-country flight (100nm) | | 1 |  |  |  |  |
| Date of this flight: | |  | |  |  |  |
| Synthetic flight trainer hours | | 5 |  |  |  |  |
| **For Renewal:** | | | | **S** | **N/S** | **N/A** |
| Total Flight Time | |  |  |  |  |  |
| PIC hours in the last 6 months | | 5 |  |  |  |  |
|  | | | | | | |
| **Examinations Done** | |  | |  | | |
| **Test** | | **Date** | **Expiry date:** | **Examiner** | | |
| Knowledge Test | |  |  |  | | |
| PPL Practical Test | |  |  |  | | |
|  | | | | | | |
| **Attachments:** | | | | | | |
| **☐ For Initial Issue:** | | **☐ For Renewal:** | | | | |
| ☐ A copy of Medical certificate | | ☐ A copy of Medical certificate | | | | |
| ☐ Two Passport size photos (2cm\*2.5cm) | | ☐ Copies of the last 2 pages of the logbook | | | | |
| ☐ A copy of ID/Passport | |  | | | | |
| ☐ Copies of the last 2 pages of the logbook | |  | | | | |
|  | |  | | | | |
| ☐ **For Conversion:** | |  | | | | |
| ☐ A copy of Kenyan Medical certificate | |  | | | | |
| ☐ A copy of Foreign Medical certificate | |  | | | | |
| ☐ Two Passport size photos (2cm\*2.5cm) | |  | | | | |
| ☐ A copy of ID/Passport | |  | | | | |
| ☐ Copies of the last 2 pages of the logbook | |  | | | | |
| ☐ A copy of the foreign licence | |  | | | | |
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| **Declaration**: | |
| I declare to the best of my knowledge and belief, that the information given in this application and attachments are complete and correct. | |
| Name of Applicant: | |
| Signature: | Date: |

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| **For Official Use Only:** |
| Fees: Receipt No.: |
| Date: **☐ HQ ☐ WAP ☐ MSA** |
| PEL Inspector’s Name: Signature: |

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