

## **FORM**

FORM-M-PEL 002-1

**August, 2019** 

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

Application Type (Please tick the appropriate box)								
I am applying for; Private Pilot Licence								
☐ Initial Issue								
☐ Renewal	Licence No:							
☐ Conversion	Foreign Licence No:	cence No: Issuing State:						
I am applying for; Private Pilot Licence  Initial Issue Renewal Licence No: Issuing State:    Renewal Licence No: Issuing State:    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:				
<del>-</del>		[ ~		<del>                                      </del>				
For Initial Issue:		Standard	Actual	S	N/S	N/A		
Total Flight Time		40						
Solo flight time P <sub>1</sub> (US)		10						
Total solo cross-country flight time		5						
Cross-country flight (150nm)		1						
Date of this flight:								
Synthetic flight trainer hours		5						
For Renewal:	1		S	N/S	N/A			
Total Flight Time								
PIC hours in the last 6 months		5						
		<u>l</u>		I	<u> </u>			

<b>Examinations Done</b>					
Test	Date	Expiry date:	Examiner		
Knowledge Test					
PPL Skill Test					
Attachments:					
☐ For Initial Issue:	□ For R	☐ For Renewal:			
☐ A copy of Medical certificate	☐ A copy of Medical certificate				
☐ Two Passport size photos (2cm*2.5cm)	☐ Copies	☐ 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					
Declaration:					
I declare, to the best of my knowledge and be	lief, that the i	information giv	en in this application form		
and attachments are complete and correct.	,	C	11		
Name of Applicant:					
Signature:	Date:				
For Official Use Only:					
Fees:	Receipt No.:				
Date:	□ HQ	□ WA	AP   MSA		
PEL Inspector's Name:	Signatur	re:			

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