



FORM

FORM-M-PEL 002-2

August, 2019

APPLICATION FOR RENEWAL, ISSUE OR CONVERSION OF PRIVATE PILOT LICENCE (HELICOPTERS)

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

Applicant's details:	
Name (as it appears on ID/Passport):	
Date of Birth:	Age (Min.17):
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:	

Medical Certificate Details:			
Class of Medical:	Date of Medical:	Expiry date:	Name of AME(Doctor):

Aeronautical Experience:				PEL Inspector				
For Renewal:	Standard	Day	Night	S	N/S	N/A		
PIC hours in the last 12 months	5							
Co-pilot hours within the last 12 months	5							
PIC hours in the last 24 months								
Co-pilot hours within the last 24 months								
Total Flight Time	40							
For Initial Issue:				Standard	Actual	S	N/S	N/A

Total Flight Time	40				
PIC flight time	10				
Total PIC cross-country flight time	5				
Number of Cross-country flights (100nm)	1				
Date of this flight:					
Number of full stop landings at different aerodromes:	2				
Synthetic flight trainer hours (If applicable)	5				
Examinations Done:					
Test:	Date	Expiry date	Examiner		
Knowledge Test:					
PPL (H) Skill Test:					
Technical type Rating (TTR):					
Aircraft Type rating Flight Checkout for the helicopter type rating to be endorsed on the license (Form 64):					
Attachments: Tick only if you have attached;					
<input type="checkbox"/> For Initial Issue:			<input type="checkbox"/> For Renewal:		
<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					
For Conversion:					
<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 (3cm*2.5cm)			<input type="checkbox"/> A copy of the foreign licence		
Declaration:					
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:		

For Official Use Only:			
Fees:	Receipt No.:		
Date:	<input type="checkbox"/> HQ	<input type="checkbox"/> WAP	<input type="checkbox"/> MSA
PEL Inspector's Name:	Signature:		

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