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|  | FORM FORM-M-PEL 002-3**August, 2019** |

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

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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 details:** |
| Name (as it appears on ID/Passport): |
| Date of Birth:  | Age (Min.17): |
| 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  | 16 hours |  |  |  |  |
| **For a gas balloon:** |  |  |  |  |  |
| Solo flight time P1(US)  | 5 hours |  |  |  |  |
| Flight involving a controlled ascent to 3,000 ft. above the launch site; | 1 flight |  |  |  |  |
| Flights of 2 hours each that consists of one training flight within 60 days prior to application for the rating on the areas of operation for a gas balloon | 2 |  |  |  |  |
|  |
| **For a balloon with an airborne heater:** |  |  |  |  |  |
| Solo flight time P1(US)  | 5 hours |  |  |  |  |
| Flight involving a controlled ascent to 3,000 ft. above the launch site; | 1 flight |  |  |  |  |
| Flight of 1 hour each that consists of one training flight within 60 days prior to application for the rating | 2 flight |  |  |  |  |
|  |
| **For Renewal:** | **Standard** | **Actual** | **S** | **N/S** | **N/A** |
| Total Flight Time |  |  |  |  |  |
| PIC hours in the last 12 months | 3 |  |  |  |  |
| **Examinations Done**  |
| **Test** | **Date** | **Expiry date:** | **Examiner:** |
| Knowledge Test |  |  |  |
| PPL (B) Practical Test |  |  |  |
|  |
| **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 (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  |  |
|  |
| **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: |

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