



FORM

FORM-M-PEL 002-3

August, 2019

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

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

Applicant details:	
Name (as it appears on ID/Passport):	
Date of Birth:	Age (Min.16):
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	3					
PIC hours in the last 24 months						
Number of Launches and Landings	3					
Total Flight Time	16					
					PEL Inspector	
For Initial Issue:	Standard	Actual	S	N/S	N/A	
Total Flight Time	16 hours					

For a gas balloon:					
Solo flight time	5 hours				
Number of Flights involving a controlled ascent to 3,000 ft. above the launch site;	1 flight				
Number of 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 flights				
For a balloon with an airborne heater:					
Solo flight time	5 hours				
Number of Flights involving a controlled ascent to 3,000 ft. above the launch site;	1 flight				
Number of Flights of 1 hour each that consists of one training flight within 60 days prior to application for the rating;	2 flight				
Examinations Done					
Test	Date	Expiry date:	Examiner:		
Knowledge Test					
PPL (B) Skill Test					
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 (2cm*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 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