



FORM

FORM-M-PEL 003-2

August, 2019

APPLICATION FOR ISSUE OR RENEWAL OF COMMERCIAL PILOT LICENCE (HELICOPTERS)

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

Applicant details:							
Name (as it appears on ID/Passport):							
Date of Birth:			Age (Min.18):				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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			150 hours				
Total Flight Time if from an ATO			100 hours				
Synthetic flight trainer hours			10 hours				
PIC flight time			35 hours				
PIC cross-country flight time			10 hours				
One cross-country flight (300nm)			1 flight				
Full-stop landings at different aerodromes			2				
Date of this flight:							
Instrument Instruction time			10 hours				

Instrument ground time;	< 5 hours				
Night flight time;	5 hours				
Number of take offs & landings as PIC	5				
Credit towards 200 h of flight time for a pilot licensed in another category					
Flight time as pilot-in-command in a category other than helicopters	10 hours				
Flight time as pilot-in-command holding a PPL(H)	30 hours				
Flight time as pilot-in-command holding a CPL(H)	100 hours				
For Renewal:	Standard	Actual	S	N/S	N/A
Total Flight Time					
PIC hours in the last 6 months	6				
Take-offs and landings	6				
Date of last Instrument Rating check (dd/mm/yyyy)					
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"/> Logbook					
<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 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