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|  | FORM  FORM-M-PEL 003-3  **August, 2019** |

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

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| **Application Type (Please tick the appropriate box)** |
| I am applying for; Commercial Pilot Licence |
| **☐** Initial Issue |
| **☐** Renewal Licence No: |
| **☐** Conversion Foreign Licence No: Issuing State: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant details:** | | | | | | |
| Name (as it appears on ID/Passport): | | | | | | |
| Date of Birth: | | Age (Min.18): | | | | |
| 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:** | | |
|  |  |  | |  | | |
| **Technical Experience** | | | | **PEL Inspector** | | |
| **For Initial Issue:** | | **Standard** | **Actual** | **S** | **N/S** | **N/A** |
| Total Flight Time | | 35 hours |  |  |  |  |
| **For Gas Balloon: The Training Hours should be:** | |  |  |  |  |  |
| PIC flight time | | 10 hours |  |  |  |  |
| Flights involving a controlled ascent to five thousand feet (5000ft) above the launch site | | 2 flights |  |  |  |  |
| **For a balloon with an airborne heater** | |  |  |  |  |  |
| Flights of 2 hours each in the appropriate areas of operation within 60 days prior to application for the rating; | | 2 training flights |  |  |  |  |
| PIC flight time | | 10 hours |  |  |  |  |
| Flights involving a controlled ascent to five thousand feet (5000ft) above the launch site | | 2 flights |  |  |  |  |
| **Credit towards 35 h of flight time for a pilot licensed in another category** | | | | | | |
| Flight time as pilot-in-command in a category other than balloons | | 10 hours |  | | | |
|  | | | | | | |
| **For Renewal:** | | **Standard** | **Actual** | **S** | **N/S** | |
| Total Flight Time | |  |  |  |  | |
| PIC or co-pilot hours within the last 6 months preceding the date of application for renewal | | 3 |  |  |  | |
| Number of launches and landings | | 3 |  |  |  | |
|  | | | | | | |
| **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 (3cm\*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 ID/Passport | | | | |
| ☐ A copy of Foreign Medical certificate | | ☐ Copies of the last 2 pages of the logbook | | | | |
| ☐ Two Passport size photos (3cm\*2.5cm) | | ☐ 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**