



FORM

FORM-M-PEL 004-2

August, 2019

APPLICATION FOR ISSUE OR RENEWAL OF AIRLINE TRANSPORT PILOT LICENCE (HELICOPTERS)

Application Type (Please tick the appropriate box)		
I am applying for; Airline Transport 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.21):			
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:			
Technical Experience				PEL Inspector		
For Initial Issue and Conversion:		Standard	Actual	S	N/S	N/A
Total Flight Time		1000 hours				
Synthetic flight trainer hours		100 hours				
Time in Flight Procedure Trainer or Basic Instrument Flight Trainer		25 hours				
PIC flight time		250 hours				
Flight time as pilot-in-command		100 hours				
Flight time as co-pilot under supervision of pilot in command		150 hours				
P ₁ US flight time		500 hours				
Cross-country flight time		200 hours				
Flight time as pilot-in-command or as co-pilot under supervision of pilot in command		100 hours				

Instrument flight time in helicopter	75 hours				
Instrument time in the synthetic flight trainer;	30 hours				
Night flight time:	100 hours				
Credit towards 200 h of flight time for a pilot licensed in helicopter category					
Flight time as pilot-in-command holding an ATPL (H)	125 hours				
Flight time as pilot-in-command and	50 hours				
Flight time as co-pilot under supervision of pilot in command	75 hours				
English Language Proficiency Rating Level					
For Renewal:	Standard	Actual	S	N/S	N/A
Total Flight Time					
PIC or co-pilot hours within the last 6 months preceding the date of application for renewal	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"/> 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 Foreign Medical certificate					
<input type="checkbox"/> Two Passport size photos (2cm*2.5cm)					
<input type="checkbox"/> A copy of ID/Passport					
<input type="checkbox"/> Copies of the last 2 pages of the logbook					
<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:			Date:		
Receipt No.:		<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