

APPLICATION FORM FOR ISSUE OR RENEWAL INSTRUMENT RATING ENDORSEMENT ON A LICENCE

Application Type (Please tick the appropriate box)
I am applying for endorsement of:
<input type="checkbox"/> Initial Instrument Rating
<input type="checkbox"/> Renewal Instrument Rating
Licence No:

Applicant details:					
Name (as it appears on ID/Passport):					
Date of Birth:			Age:		
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:					
For Initial Issue:	Standard	Actual	PEL Inspector		
			S	N/S	N/A
Cross-country flight time as pilot-in-command of aircraft in categories	50 hours				
Cross-country Flight time in aeroplane or helicopter; and	10 hours				
Total actual flight Instrument Instruction time in Helicopters or Aeroplanes	40 hours				
Simulator flight instrument instruction hours (not more than 20 hours, or 30 hours)	<20 hours				
Instrument ground time under the supervision of an authorised instructor.	20 hours				

If the privileges of the instrument rating are to be exercised on a multi-engine aeroplane out of the 20 hours specified above in the instrument ground time, 15 hours of dual instruction must be in a multi-engine aeroplane.	15 hours				
For Renewal:					
Date		Expiry date			
Date of last IR flight test.					
Examinations:					
Date of Exam		Expiry date			
Knowledge test (for PPL holders)					
Skill test for Instrument Rating (Initial)					
Attachments: Tick only if you have attached;					
<input type="checkbox"/> For Initial Issue:			<input type="checkbox"/> For Renewal:		
<input type="checkbox"/> Copies of relevant pages of logbook			<input type="checkbox"/> Copies of relevant pages of logbook		
<input type="checkbox"/> Original Licence			<input type="checkbox"/> Original Licence		
<input type="checkbox"/> Copies of training records			<input type="checkbox"/> Copies of training records		
<input type="checkbox"/> Copy of Night Rating Practical Test form			<input type="checkbox"/> Copy of Practical Test form (Form 64)		
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