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|  | FORM FORM-M-PEL 013**August 2019** |

**APPLICATION FORM FOR REPLACEMENT OF A LICENCE**

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| **Application Type (Please tick the appropriate box)** |
| I am applying for the replacement of:  |
| **☐** SPL  | Licence No.  | **☐** FOO  | Licence No.  |
| **☐** PPL | Licence No.  | **☐** ATC | Licence No.  |
| **☐** CPL | Licence No.  | **☐** AMEL | Licence No.  |
| **☐** ATPL  | Licence No.  | **☐** FRTOL | Licence No.  |
| **☐** Flight Engineer | Licence No.  | **☐** CMC | Licence No.  |

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| **Applicant details:** |
| Name (as it appears on ID/Passport): |
| Date of Birth:  | Age: |
| 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: |
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| **Reason for replacement** |
| ☐ Loss of a licence; (Duplicate licence) |
| ☐ Damage of a licence (Re-issue) |
| ☐ Change of personal details on a licence (Re-issue) |
| What details would you like to change in the licence? |
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| **Attachments: Tick only if you have attached;** |
| ☐ **For Duplicate licence:** | ☐ **For Re-issue:** |
| ☐ The original police abstract  | ☐ The original licence to be replaced  |
| ☐ Two Passport size photos  | ☐ Two Passport size photos  |
|  | ☐ An affidavit from lawyer in regard to the details that are to be changed. |
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| **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: |
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| **For Official Use Only:** |
| Fees:Receipt No**.:** |
| Date: **☐ HQ ☐ WAP ☐ MSA**  |
| PEL Inspector’s Name: Signature: |