

APPLICATION FORM FOR BOOKING OF KNOWLEDGE TESTS

Application Type (Please tick the appropriate box)								
The knowledge test I am applying for is:								
Subjects:	PPL		CPL		ATPL		FOO	FE
	A	H	A	H	A	H		
Air law								
Aircraft General Knowledge								
Flight performance and planning								
Human performance								
Meteorology								
Navigation								
Operational Procedures								
Principles of Flight								
FRTOL	<input type="checkbox"/> Knowledge test				<input type="checkbox"/> Oral test:			
English LPR								
TTR	Aircraft type:							

Applicant details:	
Name (as it appears on ID/Passport):	
Date of Birth:	Age:
Date of the Exam:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Postal Address:	
Email address:	
ID/Passport No:	Nationality:
Licence held:	Phone Number:
ATO/Organization:	
Total hours flown:	
Attachments: Tick only if you have attached;	
<input type="checkbox"/> For a retake:	

<input type="checkbox"/> A copy of the previous transcript	
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:
Instructor's remarks:	
The ground instructor to append his/her signature, to certify that, the applicant is well prepared and ready to sit for the examination.	
Stamp of the ATO:	
Name of the Instructor:	
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: **A**-Aeroplanes, **H**-Helicopters, **FOO**-Flight Operations Officer, **FE**-Flight Engineer