|  |  |
| --- | --- |
|  | FORM FORM-M-PEL 016**August 2019** |

**APPLICATION FORM FOR BOOKING OF KNOWLEDGE TESTS FOR CONVERSION OR VALIDATION OF FOREIGN LICENCES**

|  |
| --- |
| **Application Type (Please tick the appropriate box)** |
| The knowledge test I am applying for is:  |
| **Subjects:** | **PPL** | **CPL** | **ATPL** | **FOO** | **FE** |
|  | **A** | **B** | **H** | **A** | **B** | **H** | **A** | **H** |  |  |
| Conversion Composite paper |  |  |  |  |  |  |  |  |  |  |
| Validation Composite paper |  |  |  |  |  |  |  |  |  |  |
| FRTOL | **☐** Knowledge test | **☐** Oral test: |
| English LPR |  |

**Note:** A-Aeroplanes, H-Helicopters, FOO-Flight Operations Officer, FE-Flight Engineer

|  |
| --- |
| **Applicant details:** |
| Name (as it appears on ID/Passport): |
| Date of Birth:  | Age: |
| Date of the Exam: | Gender: ☐ Male ☐ Female  |
| Postal Address: |
| Email address: |
| ATO/Organization: |
| ID/Passport No: | Nationality: |
| Kenyan Licence held: | Phone Number: |
|  | **PEL Inspector** |
| **Medical Certificate Details:** | **S** | **N/S** | **N/A** |
| Class of Medical: | Date of Medical: | Expiry date: | Name of AME: |  |  |  |
|  |  |  |  |  |  |  |
| Foreign medical expiry date: |  |  |  |  |
| **Aeronautical experience:** | **PEL Inspector** |
|  | **S** | **N/S** | **N/A** |
| Total Flight Time |  |  |  |  |
| Flight time during the last 6 months |  |  |  |  |
| Flight time during the last 12 months |  |  |  |  |
| Date of last flight: |  |  |  |  |
| **Attachments: Tick only if you have attached;** |
| **☐** **For a resit:** |
| **☐** A copy of the previous transcript |
| 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**