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|  | 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**