

**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	<input type="checkbox"/> Knowledge test						<input type="checkbox"/> Oral test:			
English LPR										
Date of the Exam:										

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:				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female						Phone Number:				
Postal Address:										
Email address:										
ATO/Organization:										
ID/Passport No:						Nationality:				
Kenyan Licence held:										
								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		
Flying Hours:								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;				
<input type="checkbox"/> For a resit:				
<input type="checkbox"/> A copy of the previous transcript				
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