



APPLICATION FORM FOR ISSUE OR RENEWAL OF STUDENT PILOT LICENCE

Application Type (Please tick the appropriate box)			
I am applying for; Student Pilot Licence			
<input type="checkbox"/> Initial		<input type="checkbox"/> Renewal	
Licence No:			
Applicant's details:			
Name (as it appears on ID/Passport):			
Date of Birth:		Age (Min. 16):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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:
Attachments: Tick only if you have attached;			
<input type="checkbox"/> For Initial Issue:		<input type="checkbox"/> For Renewal:	
<input type="checkbox"/> A copy of Medical certificate		<input type="checkbox"/> A copy of Medical certificate	
<input type="checkbox"/> Two Passport size photos		<input type="checkbox"/> Original Student Pilots Licence	
<input type="checkbox"/> A copy of ID/Passport			
Declaration:			
I declare to the best of my knowledge and belief, that the information given in this application and attachments are complete and correct.			
<i>Note: False declaration may lead to report to law enforcement agencies and rejection of this application</i>			
Full Name:			
Signature:		Date:	

For Official Use Only:	
Fees:	Receipt No.:
Date:	
<input type="checkbox"/> Accept application	<input type="checkbox"/> Reject application <input type="checkbox"/> Notify applicant Date of notification:
PEL Inspector's Name:	Signature:
<input type="checkbox"/> Referred to Flight Operations	Date:
OPERATIONS DEPT	
<input type="checkbox"/> Accept application from PEL	Date:
<input type="checkbox"/> Reject application and return to PEL	Date:
Review by Operations	
<input type="checkbox"/> Recommend issuance/renewal/conversion	
Date:	
OPS Inspector Name:	Signature:
	Date:
<input type="checkbox"/> Referred back to PEL	Date:
<input type="checkbox"/> Acceptance by PEL	Date:
Processing by PEL	
<input type="checkbox"/> Recommended for issuance/renewal/conversion	<input type="checkbox"/> Not Recommended for issuance/renewal/conversion
PEL Inspector's Name:	Signature:
	Date:
APPROVAL BY DFSS	
<input type="checkbox"/> Approve issuance/Renewal/conversion	<input type="checkbox"/> Approve issuance/renewal/conversion
Name:	Signature
For action:	