



**APPLICATION FORM FOR ISSUE OR RENEWAL OR CONVERSION OF  
COMMERCIAL PILOT LICENCE (HELICOPTERS)**

<b>Application Type (Please tick the appropriate box)</b>		
I am applying for; Commercial Pilot Licence		
<input type="checkbox"/> Initial Issue		
<input type="checkbox"/> Renewal	Licence No:	
<input type="checkbox"/> Conversion	Foreign Licence No:	Issuing State:

<b>Applicant details:</b>							
Name (as it appears on ID/Passport):							
Date of Birth:			Age (Min.18):				
Gender:		<input type="checkbox"/> Male	Postal Address:				
<input type="checkbox"/> Female							
Email address:							
ID/Passport No:			Nationality:				
Licence held:			Phone Number:				
<b>Medical Certificate Details:</b>							
Class of Medical:		Date of Medical:		Expiry date:		Name of AME:	
<b>Aeronautical Experience</b>					<b>PEL Inspector</b>		
<b>For Initial Issue:</b>			<b>Standard</b>	<b>Actual</b>	<b>S</b>	<b>N/S</b>	<b>N/A</b>
Total Flight Time			150 hours				
Total Flight Time if from an ATO			100 hours				
Synthetic flight trainer hours			10 hours				
PIC flight time			35 hours				
PIC cross-country flight time			10 hours				

One cross-country flight (300nm)	1 flight				
Full-stop landings at different aerodromes	2				
Date of this flight:					
Instrument Instruction time	10 hours				
Instrument ground time;	< 5 hours				
Night flight time;	5 hours				
Number of take offs & landings as PIC	5				
<b>Credit towards 200 h of flight time for a pilot licensed in another category</b>					
Flight time as pilot-in-command in a category other than helicopters	10 hours				
Flight time as pilot-in-command holding a PPL(H)	30 hours				
Flight time as pilot-in-command holding a CPL(H)	100 hours				
<b>For Renewal:</b>					
	<b>Standard</b>	<b>Actual</b>	<b>S</b>	<b>N/S</b>	<b>N/A</b>
Total Flight Time					
PIC hours in the last 6 months	6				
Take-offs and landings	6				
Date of last Instrument Rating check (dd/mm/yyyy)					
<b>Attachments: Tick only if you have attached;</b>					
<input type="checkbox"/> <b>For Initial Issue:</b>			<input type="checkbox"/> <b>For Renewal:</b>		
<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"/> Copies of the last 2 pages of the logbook		
<input type="checkbox"/> A copy of ID/Passport					
<input type="checkbox"/> Logbook					
<input type="checkbox"/> Copies of the last 2 pages of the logbook					
<input type="checkbox"/> <b>For Conversion:</b>					
<input type="checkbox"/> A copy of Eswatini Medical certificate			<input type="checkbox"/> A copy of ID/Passport		
<input type="checkbox"/> A copy of Foreign Medical certificate			<input type="checkbox"/> Copies of the last 2 pages of the logbook		

<input type="checkbox"/> Two Passport size photos	<input type="checkbox"/> A copy of the foreign licence
<b>Declaration:</b>	
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:

<b>For Official Use Only:</b>	
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:
<b>OPERATIONS DEPT</b>	
<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:
<b>Processing by PEL</b>	
<input type="checkbox"/> Recommended for issuance/renewal/conversion	<input type="checkbox"/> Not Recommended for issuance/renewal/conversion
PEL Inspector's Name:	Signature:
	Date:
<b>APPROVAL BY DFSS</b>	
<input type="checkbox"/> Approve issuance/ Renewal/conversion	<input type="checkbox"/> Approve issuance/renewal/conversion
Name:	Signature:
For action:	