



**APPLICATION FORM FOR ISSUE OR RENEWAL OR CONVERSION OF PRIVATE PILOT LICENCE (AEROPLANES)**

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

<b>Applicant's details:</b>						
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:			
<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		40				
Solo flight time P <sub>1</sub> (US)		10				
Total solo cross-country flight time		5				
Cross-country flight (100nm)		1				
Date of this flight:						
Synthetic flight trainer hours		5				

<b>For Renewal:</b>			<b>S</b>	<b>N/S</b>	<b>N/A</b>
Total Flight Time					
PIC hours in the last 6 months	5				
<b>Examinations Done</b>					
<b>Test</b>	<b>Date</b>	<b>Expiry date:</b>	<b>Examiner</b>		
Knowledge Test					
PPL Practical Test					
<b>Attachments:</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"/> 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 Foreign Medical certificate					
<input type="checkbox"/> Two Passport size photos					
<input type="checkbox"/> A copy of ID/Passport					
<input type="checkbox"/> Copies of the last 2 pages of the logbook					
<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:	