



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

|   |                     |                |
|---|---------------------|----------------|
| <b>Application Type (Please tick the appropriate box)</b> |                     |                |
| I am applying for; Airline Transport 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.21):   |                      |          |
| 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>Technical Experience</b>   |  |                  |                 | <b>PEL Inspector</b> |          |
| <b>For Initial Issue and Conversion:</b>                              |  |                  | <b>Standard</b> | <b>Actual</b>        | <b>S</b> |
|   |  |                  | <b>N/S</b>      | <b>N/A</b>           |          |
| Total Flight Time   |  |                  | 1000 hours      |                      |          |
| Synthetic flight trainer hours  |  |                  | 100 hours       |                      |          |
| Time in Flight Procedure Trainer or Basic Instrument Flight Trainer   |  |                  | 25 hours        |                      |          |
| PIC flight time   |  |                  | 250 hours       |                      |          |
| Flight time as pilot-in-command                                       |  |                  | 100 hours       |                      |          |
| Flight time as co-pilot under supervision                             |  |                  | 150             |                      |          |

|  |  |               |          |            |            |
|--|--|---------------|----------|------------|------------|
| of pilot in command  | hours  |               |          |            |            |
| P <sub>1</sub> US flight time  | 500<br>hours   |               |          |            |            |
| Cross-country flight time  | 200<br>hours   |               |          |            |            |
| Flight time as pilot-in-command or as co-pilot under supervision of pilot in command         | 100<br>hours   |               |          |            |            |
| Instrument flight time in helicopter   | 75 hours   |               |          |            |            |
| Instrument time in the synthetic flight trainer;   | 30 hours   |               |          |            |            |
| Night flight time:   | 100<br>hours   |               |          |            |            |
| <b>Credit towards 200 h of flight time for a pilot licensed in helicopter category</b>       |  |               |          |            |            |
| Flight time as pilot-in-command holding an ATPL (H)  | 125<br>hours   |               |          |            |            |
| Flight time as pilot-in-command and  | 50 hours   |               |          |            |            |
| Flight time as co-pilot under supervision of pilot in command                                | 75 hours   |               |          |            |            |
| English Language Proficiency Rating Level  |  |               |          |            |            |
| <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 or co-pilot hours within the last 6 months preceding the date of application for renewal | 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"/> Copies of the last 2 pages of the logbook                           |  |               |          |            |            |
| <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<br><input type="checkbox"/> Notify applicant<br>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/<br>Renewal/conversion     | <input type="checkbox"/> Approve issuance/renewal/conversion  |
| Name:  | Signature:  |
|  |   |
| For action:  |   |