



Hours Flown	Day				Night				Total
	PIC	SEL	MEL	TOTAL	PIC	SEL	MEL	TOTAL	
Totals since initial issue									
Totals since renewal									
Totals last 12 months									

15. Whether yet examined for and obtained a medical certificate in accordance with the Civil Aviation Regulations?  
YES / NO

16. If so, class of medical and date of issue, and name of Medical Examiner .....

17. I am able to read, speak, write, and understand the English language. YES / NO

18. I have met all the requirements for the Grant of this licence. YES / NO

19. **DECLARATION** – I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

.....  
**Signature of Applicant**

.....  
**Date of Application**

**FOR OFFICIAL USE ONLY**

Fees Paid:	Date:	Receipt #	File #
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Name -	Signature	of the PEL Officer
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**INFORMATION AND INSTRUCTIONS:**

(1) This form when completed should be forwarded to the PERSONNEL LICENCE OFFICE, Eswatini Civil Aviation Authority, Matsapha International Airport. P. O. Box D361, The Gables, Eswatini, Tel: +268 2518 4390, Fax: +268 2518 4199, Email: licensing@swaaca.co.sz; together with the following:

- (a) The appropriate fees;
- (b) Documents relating to proof of age, date of birth, full name and nationality. (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is printed in a language other than English, the applicant must provide a notarized translation).
- (c) Two recent photographs (PASSPORT SIZE COLOUR) taken from the same negative (full face).
- (d) Medical Certificate from authorized Civil Aviation Medical Examiner.
- (e) All personal flying Log Book(s), and/or ATO records, its entries certified by the relevant authorities e.g. Chief Flight Instructor, Director of Operations, Chief Pilot, etc.;
- (f) Evidence of qualification to meet the requirement for the issue/renewal of the licence;
- (g) Any Licences held.