



APPLICATION FOR KNOWLEDGE TEST AND PRACTICAL TEST

APPLICATION FOR KNOWLEDGE TEST

SKILL TEST

I. Application information						
<input type="checkbox"/> Commercial Pilot Licence <input type="checkbox"/> Airline Transport Pilot Licence <input type="checkbox"/> Instrument Rating <input type="checkbox"/> Flight Instructor Rating <input type="checkbox"/> Instructor Additional Type Rating <input type="checkbox"/> Instructor Flight Simulator Authorisation <input type="checkbox"/> Class Rating: _____ <input type="checkbox"/> Type Rating: _____			<input type="checkbox"/> Examiner Authorisation <input type="checkbox"/> Air Traffic Controller Licence <input type="checkbox"/> Cabin Crew Member Certificate <input type="checkbox"/> Flight Dispatcher's Licence <input type="checkbox"/> Aircraft Maintenance Engineer Licence <input type="checkbox"/> Air Law <input type="checkbox"/> Others: _____			
A. Name		B. Date of birth (dd/mm/yyyy)		C. Place of birth		
D. Address			E. Nationality			
F. Email:			G. Telephone:			
H. Type of licence	I. Number	J. Date issued		K. Class of medical certificate		L. Date issued
II. Experience						
Pilot	PIC	Co-Pilot	PIC " cross country "	Instrument	Flight Simulator	Total time
Other Categories	_____ Months		_____ Years			
III. APPLICANT'S CERTIFICATION			A. Signature		B. Date	
I certify that the statements made by me on this application are true						
IV. ATTACHMENTS (TO BE CERTIFIED BY THE PEL INSPECTOR)						
<input type="checkbox"/> Knowledge test report	<input type="checkbox"/> Skill test report	<input type="checkbox"/> Notice of denial	<input type="checkbox"/> Identification document	<input type="checkbox"/> Medical certificate	<input type="checkbox"/> Document which demonstrate the experience	<input type="checkbox"/> Graduation Certificate <input type="checkbox"/> Proficiency check report <input type="checkbox"/> Letter of discontinuance <input type="checkbox"/> Verification of authenticity of foreign licence <input type="checkbox"/> Fee <input type="checkbox"/> Licence
Name of the PEL Inspector: _____						Date: ____/____/____
Signature of the PEL Inspector: _____						Date: ____/____/____