



Form: O-PEL002

September 2022

APPLICATION FOR RENEWAL OF A PRIVATE PILOT LICENCE

I hereby apply for the **RENEWAL** of.....

1. (a) Surname.....

(b) First name (s)

2. (a) Residential Address:

(b) Postal Address:

3 (a) Private Telephone No.

(b) Business Telephone No.....

(c) Fax No.....

(d) Email address.....

4. Place of Birth:

5. Date of Birth:

6. Nationality:

7. Sex: M F

8. PARTICULARS OF LICENCES ALREADY HELD

Place of Issue	Date of Issue	Type of Licence	Number	Expiry Date

9. Instrument Rating (if applicable) held and state date of last test.....

10. Total Instrument Flying Hours
11. FLYING EXPERIENCE FOR RENEWAL -complete the boxes below

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

12. Whether yet examined for and obtained a medical certificate in accordance with the Civil Aviation Regulations? YES / NO
13. If so, class of medical and date of issue
- Name of Medical Examiner
14. English language proficiency level and date of expiry
15. **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 #
Name -		Signature of the PEL Officer	

INFORMATION AND INSTRUCTIONS:

- (1) This form when completed should be forwarded to the Managing Director, Civil Aviation Authority Uganda, P. O. Box 5536, Kampala, Uganda, Tel: +256 414 352 134, Fax: +256-414-321 401, Email: info@caa.co.ug, Website: www.caau.co.ug; 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).