

Form: O-PEL002

July 2008

APPLICATION FOR ISSUE OR RENEWAL OF A PRIVATE PILOT LICENCE

I her	eby apply for the IS	SUE/RENEWAL	of						
1.	(a) Surname (b) First name (s)								
2.	(a) Residential Ad	dress:	(b) Postal Ad	(b) Postal Address:					
3	(a) Private Telepho (c) Fax No	one No		elephone No					
4.	Place of Birth:		. 5. Date of Birth	:					
6.	Nationality:		. 7. Sex: M l	□ F□					
8.	Name of ATO at v	which instructed							
9.	PARTICULARS (OF LICENCES AL	READY HELD						
lace o	f Issue	Date of Issue	Type of Licence	Number	Expiry Date				
10	. Category, Class an	nd or Type (if requir	red) for which the Lic	eence is required.					
Catego	ory	Class		Туре					
11	Instrument Rat	ting (if applicable)	held and state date of	last test					

- 12. Total Instrument Flying Hours
- 13. FLYING EXPERIENCE FOR INTIAL ISSUE OF LICENCE –complete and attach Form PEL 002A
- 14. 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									
Totals last 12 months									

· · · · · · · · · · · · · · · · · · ·		for and	obtained	a medic	al certific	ate in a	ecordance	with the	Civil	Aviation	
16. If so, class of n	nedical and	d date of	issue, and	d name of	Medical 1	Examiner					
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. 18. I have met all the requirements for the Grant of this licence. 19. DECLARATION – I hereby certify that the particulars I have given in this knowledge and belief. Signature of Applicant FOR OFFICIAL USE ONLY								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.											
16. If so, class of medical and date of issue, and name of Medical Examiner				•••							
Fees Paid:	Da	ate:		Re	ceipt #		File	#			

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;

Signature

Name -

(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).

of the PEL Officer

- (c) Two recent photographs (approximately 2 cm by 2.5cm) 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.