



CIVIL AVIATION AUTHORITY

APPLICATION FOR STUDENT PILOT'S LICENCE (FLYING MACHINES)

. APPLICATION FOR LICENCE AND SIGNATURE
HERE BY REQUEST that a Student Pilot's Licence may be granted to me, and I certify that the particulars given by the in this Form are true to the best of my knowledge and belief
ate Signature
PERSONAL PARTICULARS OF APPLICANT
Names in full
(BLOCK CAPITALS, Surname first)
Title, rank, etc
Postal address Telephone Number (if any)
Nationality
Date of birthPlace of birth
If you wish the Licence to be sent to someone else, or to an address other than the one given above, state such name and address
Have you been medically examined in accordance with CAA (L) 68.
Have you at any time made application for any licence under the Civil Aviation (Personnel licencing)
Regulations as amended? If so, state particulars and result of application.
CERTIFICATE TO BE COMPLETED BY APPLICANT WHERE THE MEDICAL EXAMINATION HAS TAKEN PLACE BEFORE THE DATE OF THE APPLICATION FOR THE LICENCE
IEREBY CERTIFY that since date on which I was medically examined as to my fitness to hold a Student Pilot's cence, I have not suffered from any physical defect or disability, or from any disease.
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This Form, when completed, should be sent to the Civil Aviation Authority, Licensing Section, P. O. Box 5536, Kampala, together with two unmounted photographs of the head (size 1/1/4 inches by 3/4inch) and the issue fee of Shs. 30,000.

Note: Personal Cheques are not acceptable