

CIVIL AVIATION AUTHORITY

APPLICATION FOR PRIVATE PILOT'S LICENCE (AEROPLANES)

I APPLICATION FOR LICENCE AND SIGNATURE

in t	REBYREQUEST that a Private Pilot's Licence may be granted to me, and I certify the particulars given by me his Form are true to the best of my knowledge and belief. Signature
II	PERSONAL PARTICULARS OF APPLICANT
1.	Name in full
	Telephone number (if any)
3.	Nationality
4.	Date of birth
5.	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:
6.	Have you been medically examined in accordance with CAA/FSS/FORM 50.
7.	If you passed an approved course of flying training, and wish to claim the reduction in the requirement in paragraph 11, say YES in this paragraph and attach the certificate of the flying school, which should state the course passed and the date of passing:
8.	Are you fully qualified as a pilot of aeroplanes in any Military Air Forces? If so give details.
9.	Have you at any time made application for any licence under the Air Navigation Regulations? If so, state particulars and results of application:

	Hours Claimed	Qualifying Minima	Official Use Only
(i) as Pilot Aeroplanes		40 (30 if passed approved course)	
(ii) training under a competent instructor in dual-controlled Aeroplane		12	
(iii) as pilot in charge (total)		10	
(iv) Cross-country flying as pilot-in-charge during past six months		3	

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III.	THE AIRCRAFT RATING OF THE LICENCE
11.	For what CLASS(ES) of Aeroplanes do you desire your licence to be valid?
	(Land, sea or amphibian
12.	For what Group(S) of aeroplane do you desire your license to be valid?
	GROUP "UL" (Ultra-Light aeroplanes of less than 1500 lbs. AUW)
	GROUP "A" (Single-engined aeroplanes of less than 12,500 lbs. maximum weight authorised)
•••••	GROUP "B" (Multi-engined areoplanes of less than 12,500 Ibs. maximum weight authorised)
******	GROUP "C" (Aeroplanes if more than 12,500 lbs. maximum weight authorised)

13. If you desire a Group "C" rating you will be required to undergo a CAA technical examination and pass

the flying tests as specified in CAA/FSS/FORM 57.

State any type(s) for which you wish your license to be made valid: say whether CAA/FSS/FORM 57 attached and give an approximate date on which you would like to undergo the technical examination.

	Aircraft Type(s)	Is CAA/FSS/FORM 57 attached?	Approximate date for technical examination		
IV.	CERTIFICATE TO BE COMPLETED BY A THE DATE OF APPLICATION	APPLICANT WHERE MEDICAL EXAMINA	ATION HAS TAKEN PLACE BEFORE		
	I HEREBY CERTIFY that since the date on which I was medically examined as to my fitness to hold a Privat Pilot's Licence (Aeroplanes) I have not suffered from any defect or disability, or from any disease.				
ron	TE: This Form to be accompanied and the appropriate fee.	l by two recent full-face photograp	ohs of the applicant (1½" x ¾ ")		
Date		Signature of Applica	ant		