



APPLICATION FOR PART-FCL PRIVATE PILOT LICENCE & LIGHT AIRCRAFT PILOT LICENCE – AEROPLANE

Please complete in BLOCK CAPITALS using black or dark blue ink. Please read attached Guidance Notes before completing the technical sections of this form.

FALSE REPRESENTATION STATEMENT

It is an offence to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document.

1. APPLICANT DETAILS

To be completed by the Applicant

Title: Forename: Surname:
 Date of birth (dd/mm/yyyy): Nationality:
 Town of birth: Country of birth:
 Permanent Address:
 Postcode:
 Telephone: Mobile telephone:
 E-mail:

2. ADDRESS FOR CORRESPONDENCE (if different from above)

To be completed by the Applicant

Postal Address:

Postcode:

3. MEDICAL FITNESS

To be completed by the Applicant

State of Issue	Class of Medical Certificate held	Date of last Medical	CAA use only

Note: Your Medical Certificate must be valid on the licence issue date. If your Medical Certificate is due to expire within 14 days after the date of application for licence issue, please complete the following

My medical examination will take place at: on:

A licence will not be issued to any person unless their medical records supporting their Part-MED medical certificate are held by an Aeromedical Centre located in the Maldives.

4. PARTICULARS OF LICENCES HELD

To be completed by the Applicant

Issuing Authority	Type/Class of Licence	Licence No.	Expiry Date

5. RATINGS HELD							<i>To be FULLY completed by the Applicant</i>
Please give the date of the most recent Skill Test (LST), Licensing Proficiency Check (LPC) or Revalidation by Experience for each type and/or class rating, and any Instructor certificate to be endorsed on your Licence.							
Rating or Certificate held	Single Pilot or Multi- Pilot	Date of Test	Date of IR Test	Expiry Date of Rating	Examiners Licence Number and Name	CAA Use Only	
6. APPLICATION (tick as appropriate)							<i>To be completed by the Applicant</i>
I am applying for Aeroplanes:							
PPL <input type="checkbox"/>			LAPL <input type="checkbox"/>				
PPL Aeroplane:							
Single-Engine Piston (Land)	<input type="checkbox"/>	Single-Engine Piston (Sea)	<input type="checkbox"/>	TMG	<input type="checkbox"/>		
Multi-Engine Piston (Land)	<input type="checkbox"/>	Multi-Engine Piston (Sea)	<input type="checkbox"/>				
LAPL Aeroplane:							
Single-Engine Piston (Land)	<input type="checkbox"/>	TMG	<input type="checkbox"/>				
<i>Note: Any additional rating applied for, other than those mandatory for licence issue, may incur an additional charge.</i>							
7a. FLYING EXPERIENCE – PPL AEROPLANE							<i>To be completed by the Applicant</i>
IMPORTANT NOTE: Any flight entries recorded within a pilot log, for the same flight as Pilot-in-Command and Dual will only be countable as Dual flight for licensing purposes.				Hours Claimed	Qualifying Hours	CAA Use Only	
Supervised Solo flight time					10		
Solo Cross-Country flight time					5		
Date of solo cross-country flight no less than 270km (150NM) during which full stop landings at two aerodromes different from the aerodrome of departure have been made				Date:			
Dual instruction					25		
Credit for PIC experience in aircraft					6 (max)		
Experience in simulator (Identification No. of FTD 2/3, FNPT I/II/III or Flight Simulator used.				No.....	5 (max)		
Total Hours					45		
7b. FLYING EXPERIENCE – LAPL AEROPLANE							<i>To be completed by the Applicant</i>
IMPORTANT NOTE: Any flight entries recorded within a pilot log, for the same flight as Pilot-in-Command and Dual will only be countable as Dual flight for licensing purposes.				Hours Claimed	Qualifying Hours	CAA Use Only	
Supervised Solo flight time					6		
Solo Cross-Country flight time					3		
Date of solo cross-country flight no less than 150km (80NM) during which full stop landings at two aerodromes different from the aerodrome of departure have been made				Date:			
Dual instruction					15		
Date of pre-entry flight test (if applicable) Credit for PIC experience in aircraft after ATO assessment (if applicable)				Date: Hrs.:	10 (max)		
Total Hours					30		
CAA Use Only							

8. ATO CERTIFICATION/REGISTERED FACILITY**(Tick as appropriate)***To be completed by the ATO*

I certify that (name) has satisfactorily completed a course of training for the grant of a Private Pilot's Licence or Light Aircraft Pilot Licence I further certify that I have examined the applicants flying log and the entries in them meet in full the flying experience requirements for the grant of a Private Pilot's Licence or Light Aircraft Pilot Licence in accordance with Part-FCL and sections 7a or 7b of this application form.

Recommended for Skill Test by (name): Licence No:

Approved Training Organisation (ATO): ATO Approval No:

Name of Head of Training:

Signature (Head of Training): Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1**9. THEORETICAL KNOWLEDGE EXAMINATIONS***To be completed by the ATO (Ground Examiner)*

Examination Paper	Exam Date dd/mm/yy	Paper No.	Mark (%)	Examination Paper	Exam Date dd/mm/yy	Paper No.	Mark (%)
Air Law Operational Procedures Aeroplane				Flight Performance and Planning Aeroplane			
Human Performance				Aircraft General Knowledge Aeroplane			
Meteorology				Navigation Aeroplane			
Communications				English Language Proficiency Level:			
Principles of Flight Aeroplane				Date:			

I certify that (name) has satisfactorily completed all of the required theoretical examinations for the grant of a Private Pilot's Licence Light Aircraft Pilot Licence in accordance with Part-FCL.

Approved Training Organisation (ATO): ATO Approval No:

Name of Head of Training:

Signature (Head of Training): Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

10. CONFIRMATION OF SKILLS TEST*To be completed by the holder of an examiner certificate issued in accordance with PART-FCL*

I certify that (name) has satisfactorily completed a Skills Test for the grant of a Private Pilot's Licence or Light Aircraft Pilot Licence in accordance with FCL.1030. I have examined the applicants flying log and application form and can confirm that meet in full the requirements for the grant of Licence in accordance with Part-FCL.

PPL Skill Test Pass Date: LAPL Skill Test Pass Date:

Aircraft Type and Registration:

Examiner's Name: Examiners Number:

Signature (Head of Training): Date:

Note - Examiners are reminded that they must complete the Examiner's Report Form and submit this to MCAA, within 14 working days from the skill test.

Applicants are advised that the licence will not be issued until the corresponding Examiner's Report Form is received.

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

11. DECLARATION OF APPLICANT (tick as appropriate)*To be completed by the Applicant*

I declare that the information provided on this form is correct.

Signature of the Applicant: Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

Documents to be submitted	For CAA use
1. Copy of the licence held with original	
2. Copy of the medical held with original	
3. Copy of the certified Log book last page and original log book	
4. Two photos (stamp size)	
5. Copy of the Payment receipt	
6. Pilot Proficiency Check Report (in accordance with Part-FCL)	
7. Copy of the English Language Proficiency Report and original (where necessary)	
8. Copy of the Theoretical Knowledge Results with original	
9. Copy of the National ID/Passport with original	
14. CAA USE ONLY	
Date of Issue:	
Checked by:	
Loaded by:	
Signed by:	