



APPLICATION FOR AIRMAN PERSONAL LICENSE [OTHER THAN FLIGHT CREWMEMBERS]

INSTRUCTIONS
Print or type. Submit original only to the Flight Standards
Inspectorate Service or a CAAP Authorized Person. If
additional space is required, use an attachment

A. APPLICATION IS HEREBY MADE FOR **ISSUANCE** **REISSUANCE/REINSTATEMENT** **RENEWAL** **ADDITIONAL OF THE FOLLOWING PEL LICENSE:**

- | | | |
|--|--|--|
| 1 <input type="checkbox"/> FLIGHT DISPATCHER | 5 <input type="checkbox"/> AVIATION MAINTENANCE SPECIALIST | 9 <input type="checkbox"/> AIR TRAFFIC SAFETY ELECTRONIC PERSONNEL |
| 2 <input type="checkbox"/> GROUND INSTRUCTOR | 6 <input type="checkbox"/> AERONAUTICAL STATION OPERATOR | 10 <input type="checkbox"/> OTHERS: _____ |
| 3 <input type="checkbox"/> AVIATION MAINTENANCE TECHNICIAN | 7 <input type="checkbox"/> AIR TRAFFIC CONTROLLER | |
| 4 <input type="checkbox"/> INSPECTION AUTHORIZATION | 8 <input type="checkbox"/> REMOTELY PILOTED AIRCRAFT | |

B. THE FOLLOWING RATING IS INVOLVED:

- | | | |
|--|--|-------|
| 1 <input type="checkbox"/> POWERPLANT | 4 <input type="checkbox"/> SPECIALIZED.... ..(SPECIFY CLASS) → _____ | |
| 2 <input type="checkbox"/> AIRFRAME | | _____ |
| 3 <input type="checkbox"/> ELECTRONICS | 5 <input type="checkbox"/> TYPE RATING.... ..(SPECIFY) → _____ | _____ |

C. AIRMAN PERSONAL INFORMATION:

1. NAME (Last, First, Middle)				2. PERMANENT ADDRESS (House Number, Street and Brgy)							
3. TELEPHONE AND FAX				4. CITY		PROVINCE		ZIP CODE		COUNTRY	
5. DATE OF BIRTH (DAY, MONTH, YEAR)		6. AGE	7. PLACE OF BIRTH			8. NATIONALITY (CITIZENSHIP)		9. LANGUAGE (Proficiency Level)			
10. HEIGHT <small>cms</small>	11. WEIGHT <small>kgs</small>	12. HAIR	13. EYES	14. SEX	15. E-MAIL ADDRESS				16. PEL No.		

D. CURRENT AIRMAN LICENSE INFORMATION

1. LICENSE NUMBER		2. LICENSE TYPE		3. STATE OF ISSUE		4. DATE ISSUED	
5. RATINGS:							
6. LIMITATIONS:							
7. ENDORSEMENTS:							

E. LICENSE OR RATING APPLIED FOR ON BASIS OF COMPLETION OF: 1. EXPERIENCE 2. WRITTEN TEST 3. SKILL TEST

F. MEDICAL EVALUATION INFORMATION:

1. CLASS OF CERTIFICATE		2. STATE OF ISSUE		3. DATE OF ISSUE		4. MEDICAL EXAMINER	
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G. HAVE YOU FAILED A TEST FOR THIS LICENSE OR RATING? 1. Yes 2. No

H. APPLICANT'S CERTIFICATION— I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any PEL license to me.

<small>A person shall not with intent to deceive: (c) make any false representation for the purpose of procuring for himself or any other person the grant, issue, renewal or variation of any such license...</small>	1. DATE	2. APPLICANT SIGNATURE:
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H. AUTHORIZED PERSON'S REPORT

1. I have personally reviewed this applicant's experience and/or training records, and certify that the individual meets the pertinent requirements of PCAR Part 2 for the license or rating sought.

(a). License or Rating for Which Tested		(b). Date	(c). Examiner's Signature (<i>Sign</i>)
(d). License No.	(e). Designation No.	(f). Designation Expires	(g). Examiner's Name (<i>Print Name</i>)

2. I have personally conducted the skill test of this applicant in accordance with pertinent procedures and standards with the results indicated below.

a. <input type="checkbox"/> Approved – License Issued	c. Location of Test		d. Duration
b. <input type="checkbox"/> Disapproved – Disapproval Notice Issued			
e. License or Rating for Which Tested		f. Date	g. Examiner's Signature (<i>Sign</i>)
h. License No.	i. Designation No.	j. Designation Expires	k. Examiner's Name (<i>Print Name</i>)

I. ATTACHMENTS:

1. <input type="checkbox"/> Language Proficiency Report	6. <input type="checkbox"/> Airman's Identification (ID)	
2. <input type="checkbox"/> Knowledge Test Report	7. <input type="checkbox"/> Medical Certificate	11.
3. <input type="checkbox"/> Skill Test Report & Flight Plan	8. <input type="checkbox"/> NTC License	12.
4. <input type="checkbox"/> Notice of Disapproval	9.	13.
5. <input type="checkbox"/> Superseded Airman Certificate	10.	14.

J. CAAP AUTHORIZED PERSON CERTIFICATION:

<input type="checkbox"/> 1. THE LICENSE(S) WAS ISSUED I/AW PCAR 2 AND CAAP REQUIREMENTS:		<input type="checkbox"/> 2. THE LICENSE WAS NOT ISSUED	
3. DATE	4. TITLE OR DESIGNATION NUMBER	5. SIGNATURE	6. CASORT-PEL Entry:

K. NOTES: