



**APPLICATION FOR AIRMAN PERSONAL LICENSE
[FLIGHT CREW MEMBERS]**

A. APPLICATION IS HEREBY MADE ISSUANCE REISSUANCE ADDITIONAL RENEWAL OF THE FOLLOWING PHILIPPINE PEL LICENSE:
FOR
1. STUDENT PILOT 3. COMMERCIAL PILOT 5. FLIGHT ENGINEER 7. FLIGHT NAVIGATOR
2. PRIVATE PILOT 4. AIRLINE TRANSPORT PILOT 6. FLIGHT INSTRUCTOR 8. OTHER

B. LICENSE OR RATING APPLIED FOR ON BASIS OF:
 1. COMPLETION OF REQUIRED WRITTEN AND/OR PRACTICAL TEST 2. AIRCRAFT TO BE USE (if flight test required) 3. TOTAL TIME IN THIS AIRCRAFT/SIM/FTD hours 4. PILOT-IN-COMMAND hours

C. THE FOLLOWING CATEGORY AND/OR CLASS IS INVOLVED:
1. AEROPLANE - SINGLE ENGINE LAND 5. GLIDER.....(SPECIFY TOW) ➔ _____
2. AEROPLANE - MULTIENGINE LAND 6. ROTORCRAFT.....(SPECIFY CLASS) ➔ _____
3. AEROPLANE - SINGLE ENGINE SEA 7. LIGHTER THAN AIR.....(SPECIFY CLASS) ➔ _____
4. AEROPLANE - MULTIENGINE SEA 8. POWERED LIFT

D. THE FOLLOWING RATING IS INVOLVED:
1. INSTRUMENT 3. ADDED TYPE RATING.....(SPECIFY) ➔ _____
2. CATEGORY II OR III APPROACHES 4. OTHER RATING.....(SPECIFY) ➔ _____

E. AIRMAN PERSONAL INFORMATION:

1. NAME (Last, First, Middle)				2. PERMANENT ADDRESS (Street or PO Box Number)							
3. TELEPHONE AND FAX				4. CITY		ISLAND/STATE/PROVINCE		MAIL CODE		COUNTRY	
5. DATE OF BIRTH (DAY, MONTH, YEAR)			6. AGE	7. PLACE OF BIRTH			8. NATIONALITY (CITIZENSHIP)			9. Language Proficiency Level 4/+? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. HEIGHT cm		11. WEIGHT kgs		12. HAIR	13. EYES	14. SEX	15. E-MAIL ADDRESS				16. PEL NO.

F. RECORD OF PILOT TIME

	Total	Instruction Received	Solo	Pilot In Command (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Take-Off/ Landing	Night PIC	Night Take-Off/ Landing PIC	Number Of Flights	Number Of Aero-Tows	Number Of Ground Launches	Number Of Power Launches
Gliders																
Free Balloon																
Airship																
Airplane				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Rotorcraft				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Powered Lift				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Simulator																
Training Device																
PCATD																

G. MEDICAL EVALUATION INFORMATION:

1. CLASS OF CERTIFICATE	2. STATE OF ISSUE	3. DATE OF ISSUE	4. MEDICAL EXAMINER
-------------------------	-------------------	------------------	---------------------

H. HAVE YOU FAILED A TEST FOR THIS LICENSE OR RATING? 1. Yes 2. No

I. 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 Philippines license to me.

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...

1. DATE	2. APPLICANT SIGNATURE:
---------	-------------------------

J. INSTRUCTOR'S RECOMMENDATION
I have personally instructed the applicant and consider this person ready to take the test.

1. Date	2. Instructor's Signature (Print Name and Sign)	3. License Number	4. License Expires
---------	---	-------------------	--------------------

