

AIRCRAFT TYPE/SIM:

INSTRUMENT RATING: AIRCRAFT TYPE/SIM:

| APPLICATION FOR PRIVATE PILO | T LICENCE | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------|-----------------|--|--|--|--|
| ISSUE | RENEWA | L | | | | | |
| AEROPLANE | HELICOP | TER | | | | | |
| MPORTANT NOTICES | | | | | | | |
| This form, when completed, should be forwarded to the ONE STOP CENTER, CAAM. The fee for the issue of licence, if paid by bank draft, shall be made payable to CAAM. The payment and document certifying details can be found in CAGM 1001 – FCL. You will be notified when your licence is ready for collection. All dates to be written in dd/mm/yy. | | | | | | | |
| SECTION 1: PERSONAL PARTICULAR | OF APPLICAN | Т | | | | | |
| NAME: | | | | | | | |
| ADDRESS: | | | | | | | |
| CONTACTNO | | ENANII | | | | | |
| CONTACT NO: | | EMAIL: | CCDODT NO. | | | | |
| NATIONALITY: | | NRIC OR PASSPORT NO: | | | | | |
| | | PLACE OF BIRTH: | | | | | |
| OCCUPATION: | | | | | | | |
| SECTION 2: PARTICULARS OF PILOT L | ICENCE HELL |) | | | | | |
| TYPE OF LICENCE: | LICENCE NO | : | DATE OF EXPIRY: | | | | |
| COUNTRY OF ISSUE: | DUNTRY OF ISSUE: | | DATE OF ISSUE: | | | | |
| | | | | | | | |
| SECTION 3: MEDICAL EXAMINATION | | | | | | | |
| NAME OF EXAMINER: | | | | | | | |
| DATE OF MEDICAL EXAMINATION: | | | | | | | |
| PLACE OF MEDICAL EXAMINATION: | | | | | | | |
| _ | | | | | | | |
| SECTION 4: PARTICULARS OF LICENC | E PROFICIENC | CY CHECK | | | | | |
| AIRCRAFT RATING: | | | | | | | |

DATE OF CHECK:

DATE OF CHECK:

| | | | | | (CAAM/BOP/FCL/2) | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|-----------------------|------------------------------------|-------------------------------|--|--|--|
| SECTION 5: FLYING EXPERIENCE IN THE PAST 12 MONTHS Initial: Indicate total hours Renewal: Indicate total hours in the preceding 12 months from date of PPL expiry | | | | | | | | |
| Renewal. Indicate total hours | in the pre | cealing 12 months | s ironi date di PPL e | xpiry | | | | |
| ALL SINGLE ENGINE AERO UNDER 5700 KG MCTOM: | PLANE | ALL MULTI ENGINE AEROPLANE UNDER 5700 KG MCTOM: | | ANY AEROPLANE ABOVE 5700 KG MCTOM: | | | | |
| r | ırs | | hrs | | hrs | | | |
| ALL SINGLE ENGINE HELICOPTER UNDER 3175 KG MCTOM: | | ALL MULTI ENGINE HELICOPTER UNDER 3175 KG MCTOM: | | ALL HE | ELICOPTER ABOVE 3175 KG M: | | | |
| r | nrs | | hrs | | hrs | | | |
| | | | | | | | | |
| OFOTION OF THE THE | | LTHE BASE 45 - | IONTHO " | | | | | |
| SECTION 6: FLYING EXPERIENCE IN THE PAST 12 MONTHS - continued Initial: Indicate total hours Renewal: Indicate total hours in the preceding 12 months from date of PPL expiry | | | | | | | | |
| | | | | | | | | |
| EXPERIENCE AS | HOURS ACCUMULATED (AEROPLANE/HELICOPTER) | | N.E. | OFFICIAL USE ONLY | | | | |
| | SIN | SINGLE ENGINE MULTI ENG | | NE | E | | | |
| PILOT IN COMMAND | | | | | | | | |
| PILOT UNDER DUAL INSTRUCTION | | | | | | | | |
| PILOT UNDER INSTRUCTION IN INSTRUMENT | | | | | | | | |
| PILOT IN COMMAND FOR CROSS COUNTRY | | | | | | | | |
| TOTAL | | | | | | | | |
| DATE OF NAVIGATION FLIC | SHT OF > | 150 NM: | | AERODROME LANDED: | | | | |
| BATE OF TAXABLE PARTY ENDING OF PROPERTY. | | | | 1. | | | | |
| | | | · 2. | | | | | |
| SECTION 7: DECLARATION OF R/T SECRECY | | | | | | | | |
| | | | | | | | | |
| I, | | | | | | | | |
| operation of any radio apparatus on board the aircraft. | | | | | | | | |

Signature of Declarant:

Date:

| | (CAAM/BOP/FCL/2 | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| SECTION 8: APPLICATION AND DECLARATION | | | | | |
| I hereby certify that I have completed the requirements for date on which I was medically examined I have not suffe particulars given in this form are true. | or the *issue/renewal of my PPL and declare that since the red from any defect, disability or disease and that the | | | | |
| | MEDICAL EXPIRY : ECG : CHEST X-RAY : AUDIOGRAM : | | | | |
| Signature of Applicant: | Date: | | | | |
| FOR OFFICIAL USE ONLY | | | | | |
| NEW VALIDITY: | LPC/Skill Test: | | | | |
| ELP | IR | | | | |
| FILE NO. | END: | | | | |
| FOI: | | | | | |
| FEE PAYABLE: | | | | | |
| RECEIPT NO: | | | | | |
| Flying experience is satisfactory for the issue/ | renewal of Private Pilot Licence | | | | |
| DATE: | | | | | |
| FOI NAME | | | | | |

AND SIGNATURE:

CHECKLIST FOR A PRIVATE PILOT LICENCE (PPL)

PLEASE ✓

| INITIAL | | |
|-----------------------------------------------------------------------------------------------|--|--|
| 1. Cover Letter/Release Letter from the ATO. | | |
| 2. CERTIFIED photocopy of theoretical knowledge examination certificate. | | |
| 3. Duly completed applicable PPL Skill Test Check Form(s). | | |
| 4. Application for the issue of a flight radiotelephony operator's licence. (CAAM/BOP/FCL/20) | | |
| 5. Duly completed Application for English Language Proficiency Test form. (CAAM/BOP/FCL/30) | | |
| 6. CERTIFIED photocopy of ELP certificate. | | |
| 7. A valid medical certificate (Class 2). | | |
| 8. Original flying logbook, flying hours CERTIFIED by ATO (HOT/CFI). | | |
| 9. CERTIFIED photocopy of the last 5 pages of the current flying logbook. | | |
| 10. CERTIFIED photocopy of Student Pilot Licence (SPL). | | |
| 11. CERTIFIED photocopy of MyKad or passport and Work Permit / Professional Visit Pass. | | |
| 12. Two (2) recent colour photo (25mm x 32mm). (name printed at the back) | | |
| 13. Other supporting documents (please specify) | | |
| I. ii. | | |
| | | |
| RENEWAL | | |
| 1. Duly completed applicable PPL Pilot Proficiency Check Form(s). | | |
| 2. A valid medical certificate (Class 2). | | |
| 3. Original flying logbook. | | |
| 4. Original PPL licence. | | |

*NOTE:

Payment by cash or credit card only.

Processing time will depend on the availability of inspectors and number of applications.

Do not \checkmark which is not applicable for your application.

INCOMPLETE SUBMISSION WILL BE REJECTED