



|  |  |
| --- | --- |
| 1. Name: | 3. DOB:(yyyy-mm-dd) |
| 2. Nationality: | Phone: |
| 4. Present Address: |  |
| 5. Permanent Address: |
| 6. Education: |
| From(yyyy-mm-dd) | To(yyyy-mm-dd) | Name of School | Specialities |
| (1) |  |  |  |
| (2) |  |  |  |
| (3) |  |  |  |
| 7. Occupation: ※ Please clarify flight time on each aircraft type and position by filling in separate rows |
| From(yyyy-mm-dd) | To(yyyy-mm-dd) | Employer | Position | A/C Type | Flight Time |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 8. Classification of Flight Time: |
| Items | Aeroplane | Helicopter | Glider | Motor Glider |
| Total Time |  |  |  |  |
| P.I.C |  |  |  |  |
| Solo Flight |  |  |  |  |
| Dual Given |  |  |  |  |
| Co-Pilot |  |  |  |  |
| F/E |  |  |  |  |
| F/Navigator |  |  |  |  |
| Inst.(HOOD) |  |  |  |  |
| Inst.(IMC) |  |  |  |  |



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Items | Aeroplane | Helicopter | Glider | Motor Glider |
| Night | P.I.C |  |  |  |  |
| Solo |  |  |  |  |
| Except P.I.C/Solo |  |  |  |  |
| X-C | P.I.C |  |  |  |  |
| Solo |  |  |  |  |
| Night P.I.C |  |  |  |  |
| Autorotation Landing |  |  |  |  |
| Sim Time |  |  |  |  |
| 9. Detail of Cross Country |
|  Departure: |
|  Via: |
|  Point of Arrival: |
|  Place of Landing: |
|  Date: (yyyy-mm-dd) |
| 10: Pilot Certificate Type and Number: |
|  Country Issued: |
|  Date Issued: (yyyy-mm-dd) |
| 11. Medical Certificate |
|  Class: |
|  Country Issued: |
|  Date Issued: (yyyy-mm-dd) |
| I certify that the above statements are true and correct.  Signature of Applicant: Date (yyyy-mm-dd): |