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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  |  | | |  | | |  | |  | | |  |
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|  |  | | |  | | |  | |  | | |  |
| 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) | |  | | |  | | |  | | |  | |



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| --- | --- | --- | --- | --- | --- |
| 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): | | | | | |