

	SIERRA LEONE CIVIL AVIATION AUTHORITY Application for Issue, Renewal, Validation of Private Pilot Licence (PPL)	Reference	FORM: AC-PEL002
		Revision	01
		Date	31 ST AUGUST 2022

1. I hereby apply for the **ISSUE/RENEWAL/VALIDATION** of.....

(a) Surname:

(b) First name: Other name(s):

2. (a) Residential Address:

2 (b) Postal Address: (c) Employer/Company:

3 (a) Private Telephone No: (b) Business Telephone No: (c) Fax No:

..... (d) E-mail Address.....

4. Place of Birth: (5). Date of Birth:

6. Nationality: (7). Sex: M F

8. Name of ATO at which instructed.....

9. PARTICULARS OF LICENCES ALREADY HELD

Place of Issue	Date of Issue	Type of Licence	Number	Expiry Date

10. Category, Class and/or Aircraft Type (if required) for which the Licence is required.

CATEGORY	CLASS	TYPE

11. Date of Last Instrument Check (if applicable):

12. Total Instrument Flying Hours:

12A. Total Flying Hours:

13. FLYING EXPERIENCE FOR RENEWAL OF PPL – complete the boxes below:

Hours Flown	Day				Night				Total
	PIC	SEL	MEL	TOTAL	PIC	SEL	MEL	TOTAL	
Total Flying Hours									
Totals since Last renewal									

SUMMARY OF HOURS FLOWN TO DATE (...../...../.....)

<i>Type Ratings and Experience on Type</i>	<i>TYPE RATING(S)</i>	<i>TOTAL PIC HRS.</i>	<i>TOTAL SIC HRS.</i>	<i>TOTAL HOURS</i>
<i>DATE OF LAST SIM</i>				
<i>DATE OF LAST ACTUAL FLT.</i>				

NOTE: First Time applicants are to attach work experience Curriculum Vitae (CV) / Resume with this application form.

14. Whether yet examined for and obtained a medical certificate in accordance with the Civil Aviation Regulations?
YES / NO

15. If so, class of medical and date of issue, and name of Medical Examiner:
.....

16. I am able to read, speak, write, and understand the English language in accordance with the English language proficiency requirements of 2.2.2 (Part 2) of the Civil Aviation Regulations. YES / NO

17. I have met all the requirements for the issuance of this licence. YES /NO

18. **DECLARATION-** I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

.....
Signature of Applicant

.....
Date of Application

INFORMATION AND INSTRUCTIONS:

(1) This form when completed should be forwarded to the Director General, Sierra Leone Civil Aviation Authority, 3rd Floor, 21/23 Siaka Stevens Street, Freetown, Sierra Leone. Website: www.slcaa.gov.sl; together with the following:

- (a) The appropriate fees;*
- (b) Documents relating to proof of age, date of birth, full name and nationality. (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is printed in a language other than English, the applicant must provide a notarized translation).*
- (c) Two recent photographs (approximately 2 cm by 2.5cm) taken from the same negative (full face).*
- (d) Medical Certificate from authorized Civil Aviation Medical Examiner.*
- (e) All personal flying Log Book(s) and or ATO records, its entries certified by the relevant authorities e.g. Chief Flight Instructor, Director of Operations, Chief Pilot, etc.;*
- (f) Evidence of qualification to meet the requirement for the issue/renewal of the licence;*
- (g) Any licences held.*

FOR OFFICIAL USE ONLY

CHECKLIST FOR ISSUE/RENEWAL/CONVERSION/VALIDATION/ENDORSEMENT/INCLUSION OF LICENCES/RATINGS AS CONTAINED IN PEL TGM

TICK AS APPROPRIATE:

or

N/A

The appropriate fees paid

Identification document: Document relating to proof of age, date of birth, full name and nationality (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is printed in a language other than English, the applicant must provide a notarized translation).

Two recent photographs (approximately 2cm by 2.5cm) taken from the same negative (full face).

Copy of Medical: Medical certificate from authorized SLCAA Medical examiner. (if applicable)

All personal flying Log Book(s) and/or ATO records, its entries certified by the relevant authorities e.g. Chief Flight Instructor, Director of Operations, Chief Pilot, etc. (if applicable)

Evidence of qualification to meet the requirement for the issue/renewal of the licence.

Any Licences held.

Knowledge Test Report

Skill Test Drills report (if applicable)

Proficiency /Competency Test Report (if applicable)

Graduation Certificate (copy)- (if applicable)

Verification of authenticity of foreign licence (if applicable)

*I have reviewed this person's application and the required documentation and authorize the issue/Renewal/Conversion/Endorsement of the licence/validation/authorization for final **DOL** Signature.*

Name/title and signature or stamp of CAA official who conducted the review _____

Date: (dd/mm/yyyy) _____

