Knowledge Test Application For Air Traffic Safety Electronic Personnel Licence – Form-O-PEL 017

I. Application Information

Ratings Applied For:

☐ Communication Rating
☐ Navigation Rating
☐ Surveillance Rating
Air Field Lighting/Visual Landing Systems

A. Name (Surname, First, Middle)	B. Date of birth (dd/mm/yyyy)	C. Place of birth (city/state)	
D. Address (street address or apt #, city, country)	E. Nationality:		
	F. Height (cm)	G. Weight: (kg)	
	H. ☐ Male ☐ Female	I. Hair	
		J. Eyes	
K. Do you now hold, or have you ever held a Sierra Leone or any other CAA license? ☐ Yes ☐ No	L. If yes, has license ever been suspended or revoked ☐ Yes ....date ☐ No	M. Type of license	O. Date issued (dd/mm/yyyy)
		N. Number	
T. Do you speak and understand the national language?			

II. Knowledge Test applied for on basis of

☐ A. Graduate from an Aviation Training Organisation	1.Name and location (city, Country) of ATO		2. ATO number	
	3. Course from which graduated		4. Date (dd/mm/yyyy)	
☐ .C Holder of foreign license issued by	1. Country	2. Type of license	3. Number	
	4. Ratings			

III. Applicant's Certification

I certify that the statements made by me on this application are true.

	A. Signature	B. Date (dd/mm/yyyy)

SLCAA Use Only

I have reviewed the applicant's identification and authorize this person to take the test.

Inspectors Signature:	Date: (dd/mm/yyyy)

Instructor's Endorsement
I have personally instructed the applicant and consider this person ready to take the test.

Date: (dd/mm/yyyy)	Instructor's Signature (Print Name and Sign)	Instructor's No.	Instructor Rating expires: (dd/mm/yyyy)

Aviation Training Organisation
The applicant has successfully completed our_____approved course, and is recommended for _____test.

Date: (dd/mm/yyyy)	ATO name	ATO number	Signature/Title (Print and Sign)

Attachments	Applicant's identification	
☐Notice of Disapproval	Form of ID_____	ID Name _____
☐ID document (copy)	Number_____	Date of birth _____ (mm/dd/yyyy)
☐ Endorsement from instructor (if relevant block has not been completed)	Expiration date_____	Email address
☐ Verification of authenticity of foreign license	Telephone Number _____	

SLCAA Report

☐This applicant has been tested on theoretical knowledge for_____in accordance with pertinent procedures and requirements with the results indicated below. *A copy of the knowledge test report is attached.*

☐Pass
☐ Fail

Date of examination (dd/mm/yyyy)	Time of examination	Location	
Signature (Print Name, Title & Sign)		Authorisation No.	Authorisation expires (dd/mm/yyyy)

KNOWLEDGE TEST APPLICATION

INSTRUCTIONS FOR COMPLETING SLCAA FORM-O-PEL017

I. APPLICATION INFORMATION - *Check appropriate block(s).*

Block A. Name
Enter legal name. Do not change the name on subsequent applications unless it is officially indicated to the CAA that the name is changed with a copy of the marriage license, court order, or other document verifying the name change (in accordance with Sierra Leone CAR 1.2.1.2). The name on the certificate should be the same as the name on the application.

Block B. Date of Birth. Check for accuracy. Enter eight digits. Use numeric characters, i.e.20-10-1983, instead of 20 October 1983. Check to see that Date of Birth is the same as it is on the medical certificate.

Block C. Place of Birth. Enter the city and country where you were born.

Block D. Address. Enter residence number and street or P.O. Box in top part of the box. The City, country and Post code go in the bottom part of the block. Check for accuracy. Make sure the numbers are not transposed. Use your permanent mailing address.

Block E. Nationality. Indicate your nationality from your passport. If you have more than one nationality, indicate that.

Block F Height. Enter your height in centimeters.

Block G. Weight. Enter your weight in kilograms. No fractions. Use whole kilograms only.

Block H. Check male or female.

Block I. Hair. Spell out the colour of your hair. If bald, enter "bald". Colour should be listed as black, red, brown, blond or grey. If you wear w wig or toupee, enter the colour of your hair under the wig or toupee.

Block J. Eyes. Spell out the colour of your eyes. The colour should be listed as blue, brown, black, hazel, green or grey.

Block K. Do you hold, or have you ever held a Sierra Leone or any other CAA license. Check yes or no.

Block L. If yes, has license ever been suspended or revoked. Check yes or no and indicate the date, if yes.

Block M. Type of license. Enter the type of license (ATC, AMEL, ASOL, ATSEPL, CCL)

Block N. Number. Enter the number as it appears on your license.

Block O. Date issued. Enter the date your license was issued.

Block T. Do you speak and understand the national language. Check yes or no.

II.   LICENSE, INSTRUMENT RATING OR VALIDATION CERTIFICATE APPLIED FOR ON BASIS OF:

Block A. Graduate of approved course

1. Name and location of ATO (Aviation Training Organisation). As shown on the graduation certificate. Be sure the location is entered.
2. ATO number. As shown on the graduation certificate.
3. Course from which graduated. As shown on the graduation certificate.
4. Date. Date of graduation from indicated course.

Block B. Holder of a foreign license.

1. Country. Country that issued the license
2. Type of license. Type of license issued, i.e. private, commercial, etc.
3. Number. Indicate the number that appears on the license.
4. Ratings. Indicate all ratings that appear on the license.

III. APPLICANT'S CERTIFICATION

A. Signature. The way you normally sign your name.
B. Date. The date you sign the application.