SIERRA LEONE CIVIL AVIATION AUTHORITY **Application for Pilot's Technical Examination**	Reference	FORM: AC-PEL018
	Revision	01
	Date	

1 (a)   Surname: ………………………………………………………………………………

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

2. (a)   Residential Address…………………………………… (b) Postal Address: …………………………..

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 ☐   ☐

        Company's Address**:** …………………………………………………………………………………..

        ……………………………………………………………………………………………………...…..

        Company's Chief Pilot**:**…………………………………………………………………………..

Particulars Of Licence Held

            Category: ……………………………………………………………………
                        (PPL, CPL, ATPL, etc.)

            Sierra Leone Licence No:…………………………………………………

            Date Issued:…………………………………………………………….

            Category:……………………………………………………………..
                        (PPL, CPL, etc.)

            Foreign Issuing Authority:……………………………………………………...

            Licence Number:…………………………………………………………..

            Date:……………………………………………………………………..

Last Three Type Ratings:………………………………………… Date:…………………………………

……………………………………… ………………………………..

…………………………………….. ………………………………..

Passed SLCAA Loading? ……………………………………………… Date:…………………………………

A/C Performance Group?………………………………….……… Date:…………………………….……
(A, C, D, E, etc.)

Type Of Examination Required

(A) Aircraft Type:…………………………………………………………………………………………….

A/C Model No:………………………………………………………………………….

Flight Manual Updating:…………………………………………………………………..
Month   Year

(B) PPL:……………………………………………………………………………………(Check Which)

(C) CPL:…………………………………………………………………………………………....

(D) Loading:………………………………………………………………………………..

(E) Performance:………………………………………………………………………………
(A, C, D, F, etc.)

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**

Notice To All Candidates

I.   The SLCAA shall only approve forms which have been completely and
       correctly filled   out.
Ii.   Examination subjects and time shall be decided by the SLCAA.

Iii. SLCAA will provide performance chart for all performance candidates.

Iv. Evidence of successful completion of a ground school or relevant courses must be
     Attached to this application for aircraft of all up weight of 5700 kg and above.

V.   Evidence of examination fee must be attached.

For The First Time After Ground Course

Of Aircraft Type Or Licence Examinations.

Recommendation Personnel

Name:……………………………………….. Signature:……………………………………

Rank:………………………………………… Date:………………………………………….

(Ground Instructor, Chief Pilot etc.)

Official Use Only

Candidates Exam:	Slots	Date	Time

I.   Aircraft Type:………………………………………   …………………………………..

Ii. PPL Gen. Paper:………………………………………   …………………………………..

Iii. CPL Gen. Paper:……………………………………….   …………………………………..

Iv. Loading:………………………………………………...   ………………………………………

V. Performance:…………………………………………………………………………………………………..

Evidence Of Payment

Fee Paid………………………………………………………..

Receipt No:……………………………………………………

Date Of Payment:……………………………………………

Copy Of Receipt Is Attached:…………………………………..
                                                    Yes/No

Signature:……………………………………………………

Date:…………………………………………………………