Republic of the Philippines
Civil Aviation Authority of the Philippines

APPLICATION FOR AIRMAN PERSONAL LICENSE
[FLIGHT CREW MEMBERS]

A. APPLICATION IS HEREBY MADE FOR ☐ ISSUANCE ☐ REISSUANCE ☐ ADDITIONAL ☐ RENEWAL OF THE FOLLOWING PHILIPPINE PEL LICENSE:

1. ☐ STUDENT PILOT
2. ☐ PRIVATE PILOT
3. ☐ COMMERCIAL PILOT
4. ☐ AIRLINE TRANSPORT PILOT
5. ☐ FLIGHT ENGINEER
6. ☐ FLIGHT INSTRUCTOR
7. ☐ FLIGHT NAVIGATOR
8. ☐ OTHER

B. LICENSE OR RATING APPLIED FOR ON BASIS OF:

☐ 1. COMPLETION OF REQUIRED WRITTEN AND/OR PRACTICAL TEST	2. AIRCRAFT TO BE USE (*if flight test required*)	3. TOTAL TIME IN THIS AIRCRAFT/SIM/FTD hours	4. PILOT-IN-COMMAND hours

C. THE FOLLOWING CATEGORY AND/OR CLASS IS INVOLVED:

1. ☐ AEROPLANE -SINGLE ENGINE LAND
2. ☐ AEROPLANE -MULTIENGINE LAND
3. ☐ AEROPLANE -SINGLE ENGINE SEA
4. ☐ AEROPLANE -MULTIENGINE SEA
5. ☐ GLIDER.....(SPECIFY TOW) ➡ _____
6. ☐ ROTORCRAFT.....(SPECIFY CLASS) ➡ _____
7. ☐ LIGHTER THAN AIR.....(SPECIFY CLASS) ➡ _____
8. ☐ POWERED LIFT

D. THE FOLLOWING RATING IS INVOLVED:

1. ☐ INSTRUMENT
2. ☐ CATEGORY II OR III APPROACHES
3. ☐ ADDED TYPE RATING.....(SPECIFY) ➡ _____
4. ☐ OTHER RATING.....(SPECIFY) ➡ _____

E. AIRMAN PERSONAL INFORMATION:

1. NAME (Last, First, Middle)			2. PERMANENT ADDRESS *(Street or PO Box Number)*		
3. TELEPHONE AND FAX			4. CITY ISLAND/STATE/PROVINCE MAIL CODE COUNTRY		
5. DATE OF BIRTH (DAY, MONTH, YEAR)	6.AGE	7. PLACE OF BIRTH	8. NATIONALITY (*CITIZENSHIP*)	9. Language Proficiency Level 4/+?	☐ Yes ☐ No
10. HEIGHT cm	11. WEIGHT kgs	12. HAIR	13. EYES	14. SEX	15. E-MAIL ADDRESS / 16. *PEL NO.*

F. RECORD OF PILOT TIME

	Total	Instruction Received	Solo	Pilot In Command (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Take-Off/ Landing	Night PIC	Night Take-Off/ Landing PIC	Number Of Flights	Number Of Aero-Tows	Number Of Ground Launches	Number Of Power Launches
Gliders							X	X	X	X	X	X				
Free Balloon											X	X				
Airship											X	X				
Airplane				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Rotorcraft				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Powered Lift				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Simulator	X		X	X	X	X	X		X	X	X	X				
Training Device	X		X	X	X	X	X		X	X	X	X				
PCATD	X								X	X	X	X				

G. MEDICAL EVALUATION INFORMATION:

1. CLASS OF CERTIFICATE	2. STATE OF ISSUE	3. DATE OF ISSUE	4. MEDICAL EXAMINER

H. HAVE YOU FAILED A TEST FOR THIS LICENSE OR RATING? 1. ☐ Yes 2. ☐ No

I. APPLICANT'S CERTIFICATION— I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any Philippines license to me.

A person shall not with intent to deceive: (c) make any false representation for the purpose of procuring for himself or any other person the grant, issue, renewal or variation of any such license...	1. DATE	2. APPLICANT SIGNATURE:

J. INSTRUCTOR'S RECOMMENDATION

I have personally instructed the applicant and consider this person ready to take the test.

1. Date	2. Instructor's Signature (Print Name and Sign)	3. License Number	4. License Expires

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K. DESIGNATED EXAMINER'S OR AIRMAN CERTIFICATION REPRESENTATIVE/DCP REPORT

1. ☐ I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of PCAR Part 2 and 8 for the license or rating sought.

(a). Location of Test (*Facility, City, Island/State/Province)*

(b). Date	(c). Examiner's Signature (*Print Name & Sign)*	(d). License No.	(e). Designation No.	(f). Designation Expires

2. I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the results indicated below.

(a). ☐ Approved – Recommend issuance/renewal of License
(b). ☐ Disapproved – Recommend issuance of Disapproval Notice *(Original Attached)*

(c). Location of Test *(Facility, City, Island/State/Province)*	(d). Duration of Test		
	(1) Ground	(2) Simulator/FTD	(3) Flight

(e). License or Rating for Which Tested	(f). Type of Aircraft Used	(g). Registration No.

(h). Date	(i). Examiner's Signature (*Print Name & Sign)*	(j). License No.	(k). Designation No.	(l). Designation Expires

L. EVALUATOR'S RECORD *(Use For Private, Commercial, ATP License And/Or Type Ratings):*

	INSPECTOR	EXAMINER	Signature and License Number	Date
1. Oral	☐	☐		
2. Approved Simulator/Training Device Check	☐	☐		
3. Aircraft Flight Check	☐	☐		

M. AVIATION SAFETY INSPECTOR OR PEL LICENSING OFFICER REPORT

I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and/or necessary requirements with the result indicated below.

1. ☐ **Approved** 2. ☐ **Disapproved** – Disapproved Notice Issued (*Original Attached)*

3. ☐ Student Pilot License Issued
4. ☐ License or Rating Based
   (a) ☐ Approved Course Graduate
   (b) ☐ Other Approved CAAP Qualification Criteria
5. ☐ Flight Instructor
   (a) ☐ Renewal
   (b) ☐ Reinstatement
6. ☐ Ground Instructor
7. ☐ Examiner's Recommendation
   (a) ☐ Accepted (b) ☐ Rejected
8. ☐ Reissue or Exchange of Pilot License
9. **Instructor Renewal Based On**
   (a) ☐ Activity (c) ☐ Training Course
   (b) ☐ Test (d) ☐ Duties and Responsibilities

10. Training Course (FIRC) Name	11. ATO Certificate No.	12. Graduation Date

13. Date	14. Inspector's Signature (*Print Name & Sign)*	15. Control Number	16. CASORT-PEL Entry

N. ATTACHMENTS:

1. ☐ Student Pilot Authorization
2. ☐ Knowledge Test Report
3. ☐ Temporary Airman License
4. ☐ Notice of Disapproval
5. ☐ Superseded Airman License
6. ☐ Airman's Identification (ID) checked
7. ☐ Medical Certificate
8. ☐ NTC License
9. ☐ SSP/VISA (*for foreigners)*
10. ☐ Birth Certificate (*for SPA)*
11. ☐ English Language Proficiency Result
12.
13.
14.

O. NOTES: