APPLICATION FOR
AIRMAN PERSONAL LICENSE
[OTHER THAN FLIGHT CREWMEMBERS]

INSTRUCTIONS
Print or type. Submit original only to the Flight Standards Inspectorate Service or a CAAP Authorized Person. If additional space is required, use an attachment

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

1 ☐ FLIGHT DISPATCHER
2 ☐ GROUND INSTRUCTOR
3 ☐ AVIATION MAINTENANCE TECHNICIAN
4 ☐ INSPECTION AUTHORIZATION
5 ☐ AVIATION MAINTENANCE SPECIALIST
6 ☐ AERONAUTICAL STATION OPERATOR
7 ☐ AIR TRAFFIC CONTROLLER
8 ☐ REMOTELY PILOTED AIRCRAFT
9 ☐ AIR TRAFFIC SAFETY ELECTRONIC PERSONNEL
10 ☐ OTHERS: _____

B. THE FOLLOWING RATING IS INVOLVED:

1 ☐ POWERPLANT
2 ☐ AIRFRAME
3 ☐ ELECTRONICS
4 ☐ SPECIALIZED…. ..(SPECIFY CLASS)➔ _____
5 ☐ TYPE RATING…. ……..(SPECIFY) ➔ _____

C. AIRMAN PERSONAL INFORMATION:

1. NAME (*Last, First, Middle*)					**2. PERMANENT ADDRESS (*House Number, Street and Brgy*)**	
3. TELEPHONE AND FAX					4. CITY PROVINCE ZIP CODE COUNTRY	
5. DATE OF BIRTH *(DAY, MONTH, YEAR)*	6. AGE	7. PLACE OF BIRTH		8. NATIONALITY (*CITIZENSHIP*)		9. LANGUAGE (Proficiency Level)
10. HEIGHT cms	11. WEIGHT *kgs*	12. HAIR	13. EYES	14. SEX	15. E-MAIL ADDRESS	16. PEL No.

D. CURRENT AIRMAN LICENSE INFORMATION

1. LICENSE NUMBER	2. LICENSE TYPE	3. STATE OF ISSUE	4. DATE ISSUED
5. RATINGS:			
6. LIMITATIONS:			
7. ENDORSEMENTS:			

E. LICENSE OR RATING APPLIED FOR ON BASIS OF COMPLETION OF: 1. ☐ EXPERIENCE 2. ☐ WRITTEN TEST 3. ☐ SKILL TEST

F. MEDICAL EVALUATION INFORMATION:

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

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

H. 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 PEL 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:

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H. AUTHORIZED PERSON'S REPORT

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

(a). License or Rating for Which Tested		(b). Date	(c). Examiner's Signature (*Sign*)
(d). License No.	(e). Designation No.	(f). Designation Expires	(g). Examiner's Name (*Print Name*)

2. ☐ I have personally conducted the skill test of this applicant in accordance with pertinent procedures and standards with the results indicated below.

a. ☐ Approved – License Issued b. ☐ Disapproved – Disapproval Notice Issued		c. Location of Test	d. Duration
e. License or Rating for Which Tested		f. Date	g. Examiner's Signature (*Sign*)
h. License No.	i. Designation No.	j. Designation Expires	k. Examiner's Name (*Print Name*)

I. ATTACHMENTS:

1. ☐ Language Proficiency Report	6. ☐ Airman's Identification (ID)	
2. ☐ Knowledge Test Report	7. ☐ Medical Certificate	11.
3. ☐ Skill Test Report & Flight Plan	8. ☐ NTC License	12.
4. ☐ Notice of Disapproval	9.	13.
5. ☐ Superseded Airman Certificate	10.	14.

J. CAAP AUTHORIZED PERSON CERTIFICATION:

☐ 1. THE LICENSE(S) WAS ISSUED I/A/W PCAR 2 AND CAAP REQUIRMENTS: ☐ 2. THE LICENSE WAS NOT ISSUED

3. DATE	4. TITLE OR DESIGNATION NUMBER	5. SIGNATURE	6. CASORT-PEL Entry:

K. NOTES: