



CIVIL AVIATION AUTHORITY UGANDA

APPLICATION FOR ISSUE OR RENEWAL OF AN AIRLINE TRANSPORT PILOT LICENCE (ATPL)

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

1. (a) Surname.....

(b) First name (s)
.....

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

3 (a) Private Telephone No. (b) Business Telephone No.....
(c) Fax No..... (d) Email 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. Instrument Rating held and state date of last test.....

12. Total Instrument Flying Hours.....

13. FLYING EXPERIENCE FOR INTIAL ISSUE OF ATPL –complete and attach Form PEL004A for ATPL

14. FLYING EXPERIENCE FOR RENEWAL OF ATPL -complete the boxes below

| Hours Flown | Day | | | | Night | | | | Total |
|----------------------------|-----|---------|---------|------|-------|---------|---------|------|-------|
| | PIC | PIC(us) | COPILOT | Dual | PIC | PIC(us) | COPILOT | Dual | |
| Totals since initial Issue | | | | | | | | | |
| Totals since renewal. | | | | | | | | | |
| Totals last 6 months ... | | | | | | | | | |

(us – under supervision)

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

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

.....

17. I am able to read, speak, write, and understand the English language in accordance with the English language proficiency requirements of the regulation 6 of the Civil Aviation Regulations.. YES / NO

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

19. **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

FOR OFFICIAL USE ONLY

| | | | |
|------------|-------|-----------|--------------------|
| Fees Paid: | Date: | Receipt # | File # |
| Name - | | Signature | of the PEL Officer |

INFORMATION AND INSTRUCTIONS:

(1) *This form when completed should be forwarded to the Managing Director, Civil Aviation Authority Uganda, P. O. Box 5536, Kampala, Uganda, Tel: +256 414 352 134, Fax: +256-414-321 401, Email: info@caa.co.ug, Website: www.caau.co.ug; 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;*