



Civil Aviation Authority of Singapore
Republic of Singapore

APPLICATION FORM

APPLICATION FOR STUDENT PILOT LICENCE

ISSUE (please enclose a photograph) RENEWAL

Please paste your
photograph here
(For issue only)

This form will take about 7 mins if you have the required information

INSTRUCTIONS

- This form, when completed, should be presented to the Flight Operations Section, CAAS, with:
 - A crossed cheque of \$28 made payable to "Civil Aviation Authority of Singapore" for the issue/renewal of the licence.
 - Two recent full faced photographs of size 25mm X 30mm with your name printed on the back.
- You will be notified in writing when your licence is ready for collection.

Part I - PARTICULARS OF APPLICANT

Full Name (underline surname) :	
Postal Address:	Postal Code :
NRIC / Passport No :	Tel (H) : Mobile :
Date of Birth :	Country of Birth :
Academic Qualifications :	Nationality :
Present Occupation :	Email Address :

Part II - PARTICULARS OF PILOT'S LICENCE HELD, IF ANY

Type of Licence :	Licence Number :
Country of Issue :	Date of Expiry :

Part III - MEDICAL EXAMINATION IN SINGAPORE

Name of designated Medical Examiner :
Date of Examination :

Part IV - TRAINING ORGANISATION

Intended Organisation for your Training :
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Part V - APPLICATION AND DECLARATION

I hereby apply for * issue / renewal of my Student Pilot Licence and certify that all information provided in this application is correct. In addition, since the date on which I was medically examined by a Designated Medical Examiner for the * issue / renewal of a Student Pilot Licence, I have not suffered from any defect, disability or disease.

Signature of Applicant : _____ Date : _____

IMPORTANT : ANY FALSE REPRESENTATIONS FOR THE PURPOSE OF PROCURING THE GRANT, ISSUE, RENEWAL OR VARIATON OF ANY CERTIFICATE OR LICENCE, ON CONVICTION, WILL BE SUBJECT TO A FINE NOT EXCEEDING \$5,000 OR TO IMPRISONMENT FOR A TERM OF ONE YEAR OR BOTH.

*Delete where inapplicable

FOR OFFICIAL USE ONLY

- Initial/Renewal Medical : _____
- Application accepted/rejected because: _____
- Notification letter posted on : _____
- Licence collected on : _____

Signature of A/FO Officer : _____ Date : _____

Fee Paid : \$28	Payment Date :	Receipt No :
Cheque No :	Signature of A/FO Officer :	
Issue Date :	ECG :	CXR : Vision :
Expiry Date :	Others :	Date Fit :