

APPLICATION FOR STUDENT PILOT LICENCE

Instructions

General

1. This application form will take approximately 5 minutes to complete. Incomplete applications will not be processed.
2. This application form is to be submitted only after ascertaining that your Class 2 medical assessment has been assessed as “fit” by the Civil Aviation Medical Board (CAMB).
3. The completed form is to be submitted to:
Personnel Licensing Section, Safety Policy & Licensing Division, Civil Aviation Authority of Singapore, South Finger Pier level 3, #038-039, Singapore Changi Airport Terminal 2, Singapore 819643

Payment

4. You are required to make payment through credit card (VISA/ MasterCard) at the point of application. Please refer to the Twelfth Schedule of the Air Navigation Order for the application fee.
5. For payments made by Telegraphic Transfer, please note the following details:

Bank Name: DBS Bank Ltd
Bank Address: 12 Marina Boulevard, DBS Asia Central,
Marina Bay Financial Centre Tower 3,
Singapore 018982
Account Name: Civil Aviation Authority of Singapore
Account No.: 0039186673
Bank Code: 7171
Branch Code: 003
Swift Code: DBSSSGSG

Please state the payment description in the format as shown below:

Purpose of Payment For	Payment Description	Example
Flight Crew Licence (FCL) – Organisation	[FCL Type][Initial/Renewal][Reference Letter No.]	SPL Initial/Renewal A1234

Collection

6. Assessment of the application would take approximately *7 working days* from the date of submission. You will be notified when the licence is ready for collection at the Personnel Licensing office.

Supporting Documents

	For initial application:	For CAAS Use
1.	Submit one recent coloured passport photograph (white background) with your name written on the back.	
2.	Submit a copy of identity document. (Eg. NRIC (front & back) OR passport)	

Part I - Application Type (*Please tick the appropriate box*)

I am applying for:	<input type="checkbox"/> Student Pilot Licence (Initial Issue)	<input type="checkbox"/> Student Pilot Licence (Renewal) Licence Number: _____
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Part II – Applicant Information

Name as in NRIC/ Passport: (please underline surname)		NRIC Number: (For Singapore Citizen / PR)
Date of Birth: (dd/mm/yyyy)	Age: (as at date of application)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Intended Organisation for your training:		
Mailing Address:		Tel (Home):
		Tel (Mobile):
Residential Address: (if different from mailing address)		Email address:
For non-Singapore Citizen:		
Nationality:	Passport No:	Country of Issue:

Part III – Medical Examination

Date of Medical Examination:
(dd/mm/yyyy)

Part IV – Declaration and Consent to Disclosure and Collection of Information.

Please answer all the questions below. If the answer is "Yes", please provide details in the textbox below, otherwise check "No".

	<u>Yes</u>	<u>No</u>
1. Have you contravened any provision in the Air Navigation Act or any aviation safety subsidiary legislation that results in imposition of conditions, suspension or revocation of your aviation safety instrument?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you currently or have been disqualified from holding any aviation safety instrument?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been the subject of any investigation or suspension actions by any civil aviation authority(s)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any history of physical or mental health or serious behavioural problems?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you convicted for any offence, whether or not the conviction was in a Singapore court?	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes", please provide details:

- I declare to the best of my knowledge and belief that the statements made and the information supplied in this form are complete and correct. I understand that any false representations made by me for the purpose of procuring the Singapore aviation safety instrument is an offence under section 29C(1)(b) of the Air Navigation Act and I may be subject to the penalties stipulated thereunder and any Singapore aviation safety instrument granted pursuant to the application will be revoked.

I hereby declare that I will maintain secrecy of all radiotelephony communications and shall not improperly divulge to any person the purpose or contents of any message which may come to my knowledge in connection with the operation of any radio apparatus on board the aircraft.

I agree that CAAS may collect, use, and disclose my personal data to the Government of the Republic of Singapore and other public agencies, and aviation authorities, as provided in this application form, or obtained by CAAS as a result of processing my application for the purposes of assessing my application and the administration of any regulatory document that may be granted by CAAS, verification of regulatory documents issued by CAAS, or enforcing and ensuring my compliance with the relevant transport safety regulatory requirements.

(Please check the box below to indicate your preference)

- I agree that CAAS may collect and use my personal data, which includes my contact information (e.g. email addresses, phone numbers and postal addresses) to receive information on aviation-related events and training.

Please visit our <https://www.caas.gov.sg/privacy-statement> for further details on our privacy statement

Signature of Applicant :

Date (dd/mm/yyyy) :

For Official Use

Date application received (dd/mm/yyyy):	Received by:	Document Issued by:	Date applicant notified (dd/mm/yyyy):
Attach Receipt Issued by POS	Receipt No:	Payment method: <input type="checkbox"/> Credit Card <input type="checkbox"/> Telegraphic Payment	
Date of issue: (dd/mm/yyyy)	ECG:	Audio:	Vision:
Expiry Date: (dd/mm/yyyy)	Others:		Date Fit: (dd/mm/yyyy)