

Instructions

General

- 1. This application form will take approximately 5 minutes to complete. Incomplete applications will not be processed.
- This application form is to be submitted provided you have a valid medical certificate or ascertained that your medical assessment has been assessed as "fit" by the Civil Aviation Medical Board (CAMB).
 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 **199**

- 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: Bank Address:	DBS Bank Ltd 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982
Account Name:	Civil Aviation Authority of Singapore
Account Mame.	
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.]	PPL Initial/Renewal L12345
Organisation	Letter NO.]	L12345

Collection

 Assessment of the <u>initial</u> application would take approximately 5 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	A recent coloured passport photograph (with white background) with your	
1.	name written on the back	
2.	A copy of identity document. (Eg. Front & Back of NRIC)	
3.	Copy of all the CAAS examination results	
4.	Flying logbook with flying entries certified by the organisation	

Part I - Application Type (Please tick the appropriate box)			
I am applying for:	Private Pilot Licence (Initial Issue)	 Private Pilot Licence (Renewal) Licence Number: 	
	□ Aeroplane	□ Helicopter	

Part II – Age and Validity (Please tick the appropriate box)				
	Age	Validity	Licence Fee	
	< 40 years	5 years	\$195.00	
	≥ 40 years but < 50 years	2 years	\$78.00	
	≥ 50 years but < 60 years	1 year	\$39.00	
	≥ 60 years	6 months	\$19.50	

Part III – Personal Particulars				
Name as in NRIC/ Passport: (please underline surname)			Gender: Male Female	
Date of Birth:	Age:		NRIC Number:	
(dd/mm/yyyy)	(as at date of application)		(For Singapore Citizen/ PR)	
Address:		Tel (Home):		
		Tel (Mobile):		
Email:		Training Organisation:		
For PR and non-Singapore Citizen:				
Nationality:	Passport No:		Country of Issue:	

Part IV – Particulars of Licence Already Held (For Initial Application)			
Type of Licence:	Licence Number:		
Country of Issue:	Licence Expiry Date:		

Part V – Flying Experience (For Initial Application)					
Description	Hours Claimed	For Official Use Only			
Description					
Total Flying Experience					
Flying Experience in an Approved Simulator					
As Pilot-In-Command					
As Pilot under Instruction					
Instrument Flying as Pilot under Instruction					
Stall Training					
Date of most recent Stall Training:					
Cross Country Flying	_				
As Pilot-in-Command					
As Pilot under Instruction					

Date of cross country flight on aeroplane , of at least 150nm whereby 2 landings were made, one at least 50nm from the aerodrome of departure:	(ddmmyyyy)	Date of cross country flight on helicopter , of at least 100nm whereby 2 landings were made at different points:	(ddmmyyyy)		
Group B Aircraft Rating (Multi-Engine Aeroplane)					
As Pilot under Instruction					
As Pilot under Instruction for Asymmetric Flight					
Instrument Flying as Pilot under Instruction					

Ра	rt VI – Declaration and Consent to Disclosure and Collection of Information	on	
	ease answer all the questions below. If the answer is "Yes", please provide deta erwise check "No".	ails in the t	extbox below,
01		Yes	<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?		
2.	Are you currently or have been disqualified from holding any aviation safety instrument?		
3.	Have you been the subject of any investigation or suspension actions by any civil aviation authority(s)?		
4.	Do you have any history of physical or mental health or serious behavioural problems?		
5.	Are you convicted for any offence, whether or not the conviction was in a Singapore court?		
lf '	Yes", please provide details:		
	I declare to the best of my knowledge and belief that the statements made and		••

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 <u>https://www.caas.gov.sg/privacy-statement</u> 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): Payment method:			
Attach Receipt Issued by POS	Receipt No:	Payment method: Credit Card Telegraphic Paymen	t		
Date of issue: (dd/mm/yyyy)	ECG:	Audio:	Vision:		
Expiry Date: (dd/mm/yyyy)	Others:		Date Fit: (dd/mm/yyyy)		