

RENEWAL OF PROFESSIONAL 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 medical condition has been assessed as “fit” by the Civil Aviation Medical Board (CAMB).
3. The completed form is to be submitted to:
*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.

Collection

5. Please collect your renewed licence at the Personnel Licensing office

Part I – Age and Type of Operation (Please tick one of the following options.)

- I am **above 40 years** as of the date of my medical examination and am engaged in **single-crew commercial air transport** operations **carrying passengers**.
- I am **above 60 years** as of the date of my medical examination and am engaged in **commercial air transport** operations.
- None of the above

Part II – Applicant Information

Name as in NRIC/ FIN/ Passport:
(underline surname)

Mailing Address:

Organisation:	Designation:	Date of Birth: (dd/mm/yyyy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mobile Number:	Email Address:		
NRIC Number: (for Singapore Citizen / PR)	Passport Number & FIN Number: (for non-Singapore Citizens)		
Country of Birth:	Nationality:		

Part III – Licence Particulars

Current Licence Type:	<input type="checkbox"/> Airline Transport Pilot Licence	<input type="checkbox"/> Commercial Pilot Licence	<input type="checkbox"/> Multi-Crew Pilot Licence
Licence Number:			

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 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 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 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 Received: (dd/mm/yyyy)	Received by:	Validity of Licence: 6/ 12 months* *Delete where applicable
Attach Receipt Issued by POS	Receipt No:	Payment method: <input type="checkbox"/> Credit Card