

# APPLICATION FOR NIGHT RATING

## Instructions

### General

1. This application form will take approximately 5 minutes to complete. Incomplete applications will not be processed.
2. The completed form is to be submitted to:  
*My PEL Hub, Safety Policy and Planning Division, Civil Aviation Authority of Singapore,  
South Finger Pier Level 3, #038-035, Singapore Changi Airport Terminal 2, Singapore 819643*

### Collection

3. Processing of the application would take approximately 5 working days.
4. You will be notified when the licence is ready for collection.

### Supporting Documents

1. Flying Logbook

For Official Use

## Part I – Personal Particulars

Name as in NRIC/ Passport :  
(underline surname)

Address :

NRIC Number :  
(for Singapore Citizen / PR)

Passport Number :  
(for non-Singapore Citizens)

Email Address :

Mobile No. :  
Home Tel No. :

Licence Type & No. :

Date of Expiry :

## Part II – Flying Experience

	Hours Claimed		Qualifying Minima	For Official Use Only
	Aero-plane	Heli-copter		
Total Flying Experience			50	
As Pilot in Command			20	
<b>Instrument Flying</b>				
As pilot under instruction in the aircraft			5	
As pilot under instruction in an approved simulator			≤ 2.5	
<b>Night Flying</b>				
Total Night Flying			5	
As pilot under instruction			3	
Night Navigation as pilot under instruction			1	
Takeoff and landings as PIC			5	

### Part III – 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. Are you currently being or 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):

**Part IV – DECLARATION BY HEAD OF TRAINING OR FLYING INSTRUCTOR**

I hereby certify that the applicant has:

- (a) Received \_\_\_\_\_ hours of instruction in instrument flying.
- (b) Completed \_\_\_\_\_ hours under supervision or instruction in night flying.
- (c) Carried out to satisfaction at least 5 take-offs and landings at night as pilot-in-command in the preceding 6 months.

Name of Instructor/ Head of Training	Licence Type & No.
Signature of Instructor/ Head of Training	Date (dd/mm/yyyy):

**For Official Use**

Date Received: (dd/mm/yyyy)	Received by:	Log book & licence checked on:
Night Rating: *Satisfactory/ Unsatisfactory for endorsement. <small>* Delete accordingly</small>	Manager's Signature & Date:	