

APPLICATION FOR STUDENT PILOT LICENCE



Civil Aviation Authority of Singapore

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), cheque or money order at the point of application. Please refer to the Twelfth Schedule of the Air Navigation Order for the application fee.
5. Crossed cheque payment must be made payable to "Civil Aviation Authority of Singapore".

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 of size 35mm x 45mm 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)
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Part IV – Declaration and Consent to Disclosure and Collection of Information.

I am currently not and have not been the subject of any investigations or suspension actions by any civil aviation authority(s). I am not, or have not committed, or been charged, in court with any psychoactive substance abuse offences. I am not suffering from any physical or mental condition which renders me unfit to exercise the privileges of this licence.

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 licence is an offence under the Air Navigation Order (ANO) and I may be subject to the penalties stipulated there under and any Singapore licence granted pursuant to the application will be revoked.

I authorise the collection by the Chief Executive of the Civil Aviation Authority of Singapore or any person authorised by the Chief Executive, and the disclosure to the Chief Executive by any person, organisation or government department, of any details of my knowledge & compliance with transport safety regulatory requirements.

I authorise the Chief Executive to use, and disclose, the information obtained about me for any purpose under the Air Navigation Order, or other such purpose permitted by law.

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"/> Money Order (MO) <input type="checkbox"/> Cheque MO/ Cheque No.: _____	
Date of issue: (dd/mm/yyyy)	ECG:	Audio:	Vision:
Expiry Date: (dd/mm/yyyy)	Others:		Date Fit: (dd/mm/yyyy)