**CHECK LIST FOR RENEWAL OF ATPL**

CHECK LIST FOR RECEIVING APPLICATIONS

Name of the Applicant :

Date :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **Remarks** | **Office Use** |
| Duly completed Application |  |  | Ref No: |  |
| PPC Reports |  |  |  |  |
| Duty completed CAA Medical |  |  |  |  |
| Log Book Copies |  |  |  |  |
| Fees |  |  |  |  |

I understand that my application will not be processed unless I produce the original certificate / documents to TOPL section and make the relevant payments.

I hereby certify that the particulars given by me in this application are true and correct.

………………………………………….

(Applicant’s Signature)

The Application and documents received on …………………………………. and payment made.

Payment Receipt number …………………..

…………………………………..

(Receiving Officer’s signature)

Remarks