

RENEWAL OF STUDENT PILOT LICENCE

CHECK LIST FOR RECEIVING APPLICATIONS

Name of the Applicant :

Date :

Item	Yes	No	Remarks	Office Use
Application uploaded to the system			Ref. No.	
Medical examination completed			Date of Medical :	
NIB Clearance received			Ref. No. and Date :	

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
