**DIRECT ISSUANCE OF ATPL**

CHECK LIST FOR RECEIVING APPLICATIONS

Name of the Applicant :

Date :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Yes**  | **No**  | **Remarks** | **Office Use** |
| Duly completed Application for Issuance of ATPL. |  |  |  |  |
| Medical Examination  |  |  | Date of Medical : |  |
| ATPL knowledge Examination |  |  |  |  |
| English Language Proficiency check |  |  |  |  |
| Log Book certified by flying training organization together with copies indicating total and recent flying experience. |  |  |  |  |
| NIB Clearance received |  |  | Ref. No. and Date : |  |
| Course completion certificate |  |  |  |  |
| Certificate of flying school approval(Enrollment certificate) |  |  |  |  |
| Detailed breakdown of flying experience |  |  |  |  |
| Flying school recommendation letter |  |  |  |  |
| Skill test report and ATC observer’s report. |  |  |  |  |

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)