**RENEWAL OF PRIVATE PILOT LICENCE**

CHECK LIST FOR RECEIVING APPLICATIONS

Name of the Applicant:

Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **Remarks** | **Office Use** |
| Completed Manual application  |  |  |  |  |
| Valid PPL |  |  |  |  |
| Log book copies submitted |  |  |  |  |
| PPC date |  |  | Date of Check : |  |
| Observation Report |  |  |  |  |
| English Language Proficiency Check Completed |  |  | Date of Check :ELPC Level : |  |
| Holds valid Medical certificate |  |  | Date of Medical : |  |
| NIB Clearance  |  |  | Ref. No. and Date : |  |
| Payment done |  |  |  |  |

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: