



APPLICATION FOR AIRMAN PERSONAL LICENSE [FLIGHT CREW MEMBER]

**CAAP Form 541 [1]2012
INSTRUCTIONS**

Print or type. These are for CAAP use only. Submit original only to the Flight Standards Inspectorate or a CAAP Authorized Person. If additional space is required, use an attachment

A. APPLICATION IS HEREBY MADE FOR **ISSUANCE** **REISSUANCE** **ADDITIONAL** **RENEWAL OF THE FOLLOWING PHILIPPINE PEL LICENSE:**

- | | | | |
|---|---|---|--|
| 1. <input type="checkbox"/> STUDENT PILOT | 3. <input type="checkbox"/> COMMERCIAL PILOT | 5. <input type="checkbox"/> FLIGHT ENGINEER | 7. <input type="checkbox"/> FLIGHT NAVIGATOR |
| 2. <input type="checkbox"/> PRIVATE PILOT | 4. <input type="checkbox"/> AIRLINE TRANSPORT PILOT | 6. <input type="checkbox"/> FLIGHT INSTRUCTOR | 8. <input type="checkbox"/> OTHER: |

B. LICENSE OR RATING APPLIED FOR ON BASIS OF:

- | | | | |
|--|--|--|---------------------------|
| <input type="checkbox"/> 1. COMPLETION OF REQUIRED WRITTEN AND/OR PRACTICAL TEST | 2. AIRCRAFT TO BE USED (if flight test required) | 3. TOTAL TIME IN THIS AIRCRAFT/SIM/FTD hours | 4. PILOT-IN-COMMAND hours |
|--|--|--|---------------------------|

C. THE FOLLOWING CATEGORY AND/OR CLASS IS INVOLVED:

- | | |
|--|---|
| 1. <input type="checkbox"/> AEROPLANE – SINGLE ENGINE LAND | 5. <input type="checkbox"/> GLIDER.....(SPECIFY TOW)→ |
| 2. <input type="checkbox"/> AEROPLANE – MULTIENGINE LAND | 6. <input type="checkbox"/> ROTORCRAFT.....(SPECIFY CLASS)→ |
| 3. <input type="checkbox"/> AEROPLANE – SINGLE ENGINE SEA | 7. <input type="checkbox"/> LIGHTER THAN AIR.....(SPECIFY CLASS)→ |
| 4. <input type="checkbox"/> AEROPLANE – MULTIENGINE SEA | 8. <input type="checkbox"/> POWERED LIFT |

D. THE FOLLOWING RATING IS INVOLVED:

- | | |
|---|--|
| 1. <input type="checkbox"/> INSTRUMENT | 3. <input type="checkbox"/> ADDED TYPE RATING.....(SPECIFY)→ |
| 2. <input type="checkbox"/> CATEGORY II OR III APPROACHES | 4. <input type="checkbox"/> OTHER RATING.....(SPECIFY)→ |

E. AIRMAN PERSONAL INFORMATION:

1. NAME (Last, First, Middle)				2. PERMANENT ADDRESS (Street or PO Box Number)							
3. TELEPHONE AND FAX				4. CITY		ISLAND/STATE/PROVINCE		MAIL CODE		COUNTRY	
5. DATE OF BIRTH (DAY,MONTH, YEAR)		6. AGE	7. PLACE OF BIRTH			8. NATIONALITY (CITIZENSHIP)			9. Language Proficiency Level 4/+? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. HEIGHT <small>cms</small>	11. WEIGHT <small>kgs</small>	12. HAIR	13. EYES	14. SEX	15. E-MAIL ADDRESS				16. PEL NO.		

F. RECORD OF PILOT TIME

	Total	Instruction Received	Solo	Pilot In Command (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Take-Off/Landing	Night PIC	Night Take-Off/Landing PIC	Number Of Flights	Number Of Aero-Tows	Number Of Ground Launches	Number Of Power Launches
Gliders																
Free Balloon																
Airship																
Airplane				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Rotorcraft				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Powered Lift				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Simulator																
Training Device																
PCATD																

G. MEDICAL EVALUATION INFORMATION:

1. CLASS OF CERTIFICATE	2. STATE OF ISSUE	3. DATE OF ISSUE	4. MEDICAL EXAMINER
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H. HAVE YOU FAILED A TEST FOR THIS LICENSE OR RATING?

1. Yes 2. No

I. APPLICANT'S CERTIFICATION— I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any Philippines license to me.

<p><i>A person shall not with intent to deceive: (c) make any false representation for the purpose of procuring for himself or any other person the grant, issue, renewal or variation of any such license...</i></p>	1. DATE	2. APPLICANT SIGNATURE:
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J. INSTRUCTOR'S RECOMMENDATION

I have personally instructed the applicant and consider this person ready to take the test.

1. Date	2. Instructor's Signature (Print Name and Sign)	3. License Number	4. License Expires
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AFFIDAVIT

REPUBLIC OF THE PHILIPPINES
_____)S.S.
_____)

I hereby solemnly swear that the statements contained herein are true. Dated this ____ day of ____ 20__.

Applicant Signature

SUBSCRIBED AND SWORN to before me on this _____ day of _____ affiant having exhibited his/her Government Issued ID No. _____ issued at _____ on _____ 20__.

Doc. No. _____
Page No. _____
Book No. _____
Series of 20 _____

Notary Public
Until December 31, 20__:



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K. DESIGNATED EXAMINER'S OR AIRMAN CERTIFICATION REPRESENTATIVE/DCP REPORT

1. I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of PCAR Part 2 and 8 for the license or rating sought.

(a). Location of Test (*Facility, City, Island/State/Province*)

(b). Date	(c). Examiner's Signature (<i>Print Name & Sign</i>)	(d). License No.	(e). Designation No.	(f). Designation Expires
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2. I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the results indicated below.

(a). Approved – Recommend issuance/renewal of License

(b). Disapproved – Recommend Issuance of Disapproval Notice (*Original Attached*)

(c). Location of Test (*Facility, City, Island/State/Province*)

(d). Duration of Test

(1) Ground	(2) Simulator/FTD	(3) Flight
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(e). License or Rating for Which Tested

(f). Type of Aircraft Used

(g). Registration No

(h). Date	(i). Examiner's Signature (<i>Print Name & Sign</i>)	(j). License No.	(k). Designation No.	(l). Designation Expires
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L. EVALUATOR'S RECORD (Use For Private, Commercial, ATP License And/Or Type Ratings):

	INSPECTOR	EXAMINER	Signature and License Number	Date
1. Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

M. AVIATION SAFETY INSPECTOR OR PEL LICENSING OFFICER REPORT

I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and/or necessary requirements with the result indicated below

1. **Approved**

2. **Disapproved** – Disapproved Notice Issued (*Original Attached*)

3. <input type="checkbox"/> Student Pilot License Issued	4. <input type="checkbox"/> License or Rating Based	5. <input type="checkbox"/> Flight Instructor	6. <input type="checkbox"/> Ground Instructor
7. <input type="checkbox"/> Examiner's Recommendation	(a) <input type="checkbox"/> Approved Course Graduate	(a) <input type="checkbox"/> Renewal	(b) <input type="checkbox"/> Reinstatement
(a) <input type="checkbox"/> Accepted (b) <input type="checkbox"/> Rejected	(b) <input type="checkbox"/> Other Approved CAAP Qualification Criteria		

8. Reissue or Exchange of Pilot License

9. Instructor Renewal Based On

(a) <input type="checkbox"/> Activity	(c) <input type="checkbox"/> Training Course
(b) <input type="checkbox"/> Test	(d) <input type="checkbox"/> Duties and Responsibilities

10. Training Course (FIRC) Name

11. ATO Certificate No.

12. Graduation Date

13. Date	14. Inspector's Signature (<i>Print Name & Sign</i>)	15. Control Number	16. CASORT-PEL Entry
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N. ATTACHMENTS:

- | | | |
|---|---|--|
| 1. <input type="checkbox"/> Student Pilot Authorization (<i>copy</i>) | 6. <input type="checkbox"/> Airman's Identification (ID) checked | 11. <input type="checkbox"/> English Language Proficiency Result |
| 2. <input type="checkbox"/> Knowledge Test Report | 7. <input type="checkbox"/> Medical Certificate | 12. _____ |
| 3. <input type="checkbox"/> Temporary Airman License | 8. <input type="checkbox"/> NTC License | 13. _____ |
| 4. <input type="checkbox"/> Notice of Disapproval | 9. <input type="checkbox"/> SSP/VISA (<i>for foreigners</i>) | 14. _____ |
| 5. <input type="checkbox"/> Superseded Airman License | 10. <input type="checkbox"/> Birth Certificate (<i>for SPA</i>) | |

K. NOTES: