

APPLICATION FOR STUDENT PILOT'S LICENCE

1. NAME

(Mr/Mrs/Ms):.....
(SURNAME) (FIRST NAME) (MIDDLE)

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2. ADDRESS & CONTACT

DETAILS:.....

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3. DATE OF

BIRTH:.....

4.

OCCUPATION:.....

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5. CURRENT EMPLOYER &

ADDRESS:.....

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6. DATE OF MEDICAL ASSESSMENT:..... CLASS:.....

(PLEASE ATTACH MEDICAL CERTIFICATE)

APPLICANT'S SIGNATURE:.....

DATE:.....

FOR OFFICIAL USE ONLY

REMARKS:.....

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Inspector's Name & ASI #

Signature

Date