

## APPLICATION FOR LIGHT AIRCRAFT PILOT LICENSE (LAPL) AND PRIVATE PILOT LICENSE (PPL) - AEROPLANE

**Notes:** Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.

### 1. APPLICANT DETAILS

(To be completed by the Applicant)

DGCA Personal reference/License No. (If known):.....

Title:.....Name of the Applicant:.....

Date of Birth (dd/mm/yyyy): ..... Nationality .....

Place of Birth: ..... Country of Birth:.....

Permanent / Postal Address:.....

..... Country: ..... Postcode:.....

Email : .....

Telephone Numbers: Mobile:.....

(incl. area code) Office: ..... Fax No.: .....

A certified copy of your valid Passport, National Identity Card must accompany your application as proof of identification.

### 2. MEDICAL FITNESS

(To be completed by the Applicant)

Class of Medical Certificate held	Date of last Medical	Date of Expiry	DGCA use only

Note: Your Medical Certificate must be valid on the licence issue date. If your Medical Certificate is due to expire within 14 days after the date of application for licence issue, please complete the following

My medical examination will take place at \_\_\_\_\_ on \_\_\_\_\_

A licence will not be issued to any person unless their medical records supporting their Part-MED medical certificate are held by an Aeromedical Examiner or an Aeromedical Centre located in the State of Kuwait.

### 3. PARTICULARS OF STATE OF KUWAIT OR NON-STATE OF KUWAIT LICENCES HELD

(To be completed by the Applicant)

Issuing Authority	Type/Class of licence	Licence Number	Expiry Date

#### 4. RATINGS HELD

(To be completed by the Applicant)

This section is to be completed, unless you provide a clear certified photocopy of your Certificate of Revalidation. (Should the photocopy not be clear, it will result in your being asked for a clear copy and will delay your application.)

Please give the date of the most recent Skill Test, Proficiency Check or Revalidation by Experience for each type and/or class rating, and any Instructor certificate to be endorsed on your Part-FCL Licence.

Rating or Certificate held	Single-Pilot (SP) or Multi-Pilot (MP)	Date of Test	Date of IR Test (if applicable)	Expiry Date of Rating	Examiners Licence Number and Name	DGCA use only

#### 5. APPLICATION (TICK AS APPROPRIATE)

(To be completed by the Applicant)

I am applying for (please tick as appropriate):

LAPL Aeroplane:  With Rating: .....

PPL Aeroplane:  With Rating: .....

#### 6(A). FLYING EXPERIENCE - LAPL AEROPLANE

(To be completed by the Applicant)

Important Note: Any flight entries recorded within a pilot log, for the same flight as Pilot in Command and Dual will only be countable as Dual flight for licensing purposes.	Hours Claimed	Qualifying Hours	DGCA Use Only
Supervised Solo flight time		6	
Solo Cross-Country flight time		3	
Date of solo cross-country flight no less than 150km/80NM during which full stop landings at one aerodrome different from the aerodrome of departure have been made.	Date:		
Dual Instruction		15	
Date of pre-entry flight test (if applicable)	Date:		
Credit for PIC experience in aircraft after ATO assessment (if applicable)	Hrs:	10 (max)	
Total Hours		30	

**6(B). FLYING EXPERIENCE - PPL AEROPLANE**

**(To be completed by the Applicant)**

**Important Note:** Any flight entries recorded within a pilot log, for the same flight as Pilot in Command and Dual will only be countable as Dual flight for licensing purposes.

	Hours Claimed	Qualifying Hours	DGCA Use Only
Supervised Solo flight time		10	
Solo Cross-Country flight time		5	
Date of solo cross-country flight no less than 270km/150NM during which full stop landings at two aerodromes different from the aerodrome of departure have been made.	Date:		
Dual Instruction		25	
Credit for PIC experience in aircraft		10 (max)	
Experience in FSTD		5 (max)	
<b>Total Hours</b>		<b>45</b>	

**7. ATO CERTIFICATION / REGISTERED FACILITY**

**(To be completed by the ATO)**

I certify that (name).....has satisfactorily completed a course of training for the grant of a Private Pilot's Licence or Light Aircraft Pilot Licence.

I further certify that I have examined the applicants flying log and the entries in them meet in full the flying experience requirements for the grant of a Private Pilot's Licence or Light Aircraft Pilot Licence in accordance with KCASR 1 Part-FCL and sections 6(a) or 6(b) of this application form.

Recommended for Skill Test by (name):

Licence No:

Approved Training Organisation (ATO):

ATO Approval No:

Name of Head of Training:

Signature (Head of Training):

Date:

**8. THEORETICAL KNOWLEDGE EXAMINATION**

**(To be completed by the ATO Ground Examiner)**

Examination Paper	Exam Date	Paper No.	Mark (%)	Examination Paper	Exam Date	Paper No.	Mark (%)
Air Law				Operational Procedures Aeroplane			
Human Performance				Flight Performance & Planning Aeroplane			
Meteorology				Aircraft General Knowledge Aeroplane			
Communications				Navigation Aeroplane			
Principles of Flight Aeroplane							

 <p>الطيران المدني Civil Aviation الإدارة العامة للطيران المدني - دولة الكويت Directorate General of Civil Aviation - State of Kuwait</p>	<p>State of Kuwait</p>  <p>دولة الكويت</p>	 <p>ASD Aviation Safety إدارة سلامة الطيران Department</p>
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I certify that (name).....has satisfactorily completed all of the required theoretical examinations for the grant of a Private Pilot's Licence Light Aircraft Pilot Licence in accordance with Part-FCL.

Approved Training Organisation (ATO):	ATO Approval No:
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Name of Head of Training or Ground Examiner:

Signature (Head of Training):	Date:
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**9. CONFIRMATION OF SKILL TEST (To be completed by the holder of an examiner certificate issued in accordance with KCASR 1 Part-FCL)**

I certify that (name).....has satisfactorily completed a Skills Test for the grant of a Private Pilot's Licence or Light Aircraft Pilot Licence in accordance with FCL.1030. I have examined the applicants flying log and application form and can confirm that meet in full the requirements for the grant of Licence in accordance with KCASR 1 Part-FCL.

PPL Skill Test Pass Date:	LAPL Skill Test Pass Date:
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Aircraft Type and Registration:

Name of Examiner:

Examiners Approval No.:	Date of Examiners Briefing (if applicable):
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Signature (Head of Training):	Date:
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*Note - Examiners are reminded that they must complete the Examiner's Report Form and submit this to Licensing and Training Standards, within 14 working days from the skill test.*

*Applicants are advised that the licence will not be issued until the corresponding Examiner's Report Form is received.*

**10. ICAO ENGLISH LANGUAGE PROFICIENCY (ELP)**

Date of ELP assessment	ELP Level achieved	ELP Assessment body	Examiner Name & Signature

*Note - In order to exercise the privileges of a pilot licence where the operations of the aircraft require the use of radio communications equipment, the individual must hold a valid English Language Proficiency certificate at level 4 or higher, issued by an approved training provider.*

*A separate Application for English Language Proficiency Endorsement will be required for ELP endorsement.*

**11. DECLARATION OF APPLICANT (To be completed by the Applicant)**

I declare that the information provided on this form is true to the best of my knowledge and belief. I have fully reviewed all guidance and have submitted all of the necessary paperwork for my application to be considered:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### 11. DELIVERY INSTRUCTIONS

This form, when completed, should be forwarded and must be accompanied by the appropriate fee to:  
**Directorate General of Civil Aviation, Aviation Safety Department, P.O. Box 17, Safat 13001, State of Kuwait.**

Tel: (965) 24743940, 24342475 / Fax: (965) 24765796 OR Email: [safety@dgca.gov.kw](mailto:safety@dgca.gov.kw)

**Note 1: For Fees refer to Kuwait Civil Aviation Safety Regulations Part 27 Charges and Fees**

**Note 2: The DGCA/ASD requires a minimum of 2 weeks to process a completed application.**

Cheque, Demand Draft etc. made payable in favour of DIRECTORATE GENERAL OF CIVIL AVIATION, or Telex Transfer directly to our Account at;

CONFIRMATION OF BANK DETAILS	
Name of Bank	CENTRAL BANK OF KUWAIT
Branch	KUWAIT
Account Name	DIRECTORATE GENERAL OF CIVIL AVIATION
Account Number	11023041
IBAN Number	KW 17 CB KU 0000000000000011023041
Bank Code/ Sort Code/ Swift Code	CBKUKWKW
Currency of Payment	KWD

### FOR OFFICIAL USE ONLY (DGCA/ASD)

Date of Receipt:

Enclosures Checked by, Name: \_\_\_\_\_ Office: \_\_\_\_\_

Application Accepted:  Rejected:  Pending:  Approved:

Remarks:

Name and Signature of  
DGCA/ASD Inspector:

Date:

### DOCUMENTS REQUIRED:

1	Covering Letter from the company	9	Personal flying log book
2	Application Form No: 1357 duly filled & Signed	10	Last Proficiency Check form
3	Copy of latest license.	11	Aircraft Training Form (date of aircraft training done)
4	Copy of Nationality Certificate (Kuwaiti)	12	Copy of emergency licence
5	Copy of Passport and residency permit page in the passport (non-Kuwaiti)	13	Original and copy of foreign licence on the basis of which Kuwaiti licence is applied for
6	Copy of valid civil ID	14	Copy of the DGCA letter showing the applicant has passed DGCA technical examination
7	Skill test form duly completed and certified by DGCA/AE	15	Prescribed Fee (refer to KCASR Part 27 Charges and Fees)
8	Valid medical certificate		