NATIONAL PRIVATE PILOT LICENCE

INCLUSION OF ADDITIONAL CLASS RATINGS IN AN EXISTING NPPL (SSEA)

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|---|--------|-------|--------|--------|---------|---------|-------|--|
| 1. PERSONAL PARTICULARS (BLOCK CAPITALS) | | | | | | | | |
| Surname (or Family Name) | | | | | | | | |
| Forenames (or Given Name) | | | | | | | | |
| NationalityDate, Place and Country of Birth | | | | | | | | |
| Permanent Address | | | | | | | | |
| | | | | | | | | |
| Address to which licence/correspondence should be sent (if different from above) | | | | | | | | |
| E-mail: | | | | | | | | |
| Telephone No. (Home)Telephone No. (Office) | | | | | | | | |
| | | | | | | | | |
| 2. APPLICATION | | | | | | | | |
| 1. I hereby state that, prior to 31 January 2008, I completed differences training as stipulated in LASORS C 6.1 in order to exercise my licence privileges on Microlight* / SLMG* aircraft. | | | | | | | | |
| 2. I have produced logbook evidence confirming both the completion of this training and the validity of my current SSEA Class Rating to an authorised Examiner. | | | | | | | | |
| Applicant's signature | . Date | ə | | | | | | |
| *Delete as applicable | | | | | | | | |
| IT IS AN OFFENCE TO MAKE, WITH INTENT TO DECEIVE, ANY FALSE REPRESENTATIONS FOR THE PURPOSE OF PROCURING THE GRANT, ISSUE, RENEWAL OR VARIATION OF ANY CERTIFICATE, LICENCE, APPROVAL, PERMISSION OR OTHER DOCUMENT. PERSONS DOING SO RENDER THEMSELVES LIABLE, ON SUMMARY CONVICTION, TO A FINE NOT EXCEEDING THE STATUTORY MAXIMUM (CURRENTLY £5000, OR IN NORTHERN IRELAND £2000) AND ON CONVICTION ON INDICTMENT TO AN UNLIMITED FINE OR IMPRISONMENT FOR A TERM NOT EXCEEDING TWO YEARS OR BOTH. | | | | | | | | |
| | | | | | | | | |
| 3. EXAMINER'S CERTIFICATE – I hereby certify completion of the following requirements: | | | | | | | | |
| SSEA Class Rating revalidated until | | | .(exp | iry d | ate of | f valic | dity) | |
| Additional Class Ratings entered in Certificate of Revalidation: Microlight* / SLMG* | | | | | | | | |
| Examiner's Name (Block capitals) Examiner's Name (Block capitals) | amine | r Nu | mber | | | | | |
| | | | | | | | | |
| Signature | . Dat | te | | | | | | |
| *Delete as applicable | | | | | | | | |
| Send completed application form to: | | | | | | | | |
| Civil Aviation Authority, Personnel Licensing Department, Aviation West Sussex RH6 0YR | Hous | e, Ga | atwick | k Airp | ort S | outh, | , | |