



TANZANIA CIVIL AVIATION AUTHORITY  
DIRECTORATE OF SAFETY REGULATIONS  
PERSONNEL LICENSING

Revision: 4  
Form

Document No.:  
TCAA-FRM-SR- PEL011D

Title: Application form for Issue or Renewal of Airline Transport  
Pilot license (ATPL)

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### IMPORTANT NOTICES

1. This form, when completed, should be forwarded to TCAA Personnel Licensing Office via email: [pel@tcaa.go.tz](mailto:pel@tcaa.go.tz) and uploaded in the licensing system
2. Evidence of qualifications must meet the requirements for the issue or renewal of the licence.
3. All dates are written in dd/mm/yy
4. All items in Part A must be filled correctly
5. (\*) The star stands for compulsory
6. All items in Part D must be uploaded in the online system

SN	PART A: PERSONAL PARTICULARS INFORMATION		
1	Surname:	First Name(s):	
2	Place of Birth	Birth Date	
3	Nationality:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
4	Email address:		
5	Residential Address:		
6	Postal Address:		
7	Name of ATO at which instructed:		
8	Place of operational (location):		
9	*Date of Medical expiry:		
10	Telephone number:		
11	*Initial application		*Renewal Application:

PART B: PARTICULARS OF LICENCES ALREADY HELD				
Place of Issue	Date of Issue	Type of Licence	Number	Expiry Date

This is a Controlled Document

TCAA-FRM-SR-PEL011D

Issued on April 2025

\*(There should be flexibility in terms of the number of Licences the applicant can indicate

<b>PART C: CATEGORY, CLASS AND/OR AIRCRAFT TYPE (IF REQUIRED) FOR WHICH THE LICENCE IS REQUIRED.</b>		
Category	Class	Type

- 12 Instrument Rating held and state date of last test.....
- 13 Total Instrument Flying Hours .....
- 14 FLYING EXPERIENCE FOR INTIAL ISSUE OF ATPL—complete and attach/upload Form TCAA-FRM-SR-PEL029D
- 15 FLYING EXPERIENCE FOR RENEWAL OF ATPL -complete the boxes below

Hours Flown	Day				Night				Total
	PIC	PIC(us)	Co-PILOT	Dual	PIC	PIC(us)	Co-PILOT	Dual	
<b>Totals since initial Issue</b>									
<b>Totals since renewal.</b>									
<b>Totals last 3 months</b>									


(US- Under supervision)

16 Have you been examined for and obtained a medical certificate in accordance with the Civil Aviation (Personnel Licensing) Regulations? YES / NO

17 If so, class of medical certificate and date of issue of medical certificate and Name of Medical Examiner .....

18 I am able to read, speak, write, and understand the English language in accordance with the English language proficiency requirements of the regulation 8 of the Civil Aviation (Personnel Licencing) Regulations. YES/NO.

**If YES,** ELP level....., Date of assessment ..... Date of expiry.....

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**PART D: DOCUMENTS REQUIRED**

**A. DOCUMENTS REQUIRED FOR INITIAL ISSUE OF ATPL**

1. Proof of age, date of birth, full name and nationality (Passport/National ID)
2. Recent photograph (approximately 2 cm × 2.5 cm), blue background, full face
3. Medical Certificate from an authorized Civil Aviation Medical Examiner
4. Evidence of qualification to meet the requirements for issue of ATPL (academic certificates)
5. Applicant's signature (approximately 1 cm × 1.5 cm)
6. English Language Proficiency document
7. Personal flying logbook(s) and/or ATO records, certified by the relevant authority
8. Certificate or letter from Approved Training Organisation (ATO)
9. Copies of any licences held
10. Proof of payment

**B. DOCUMENTS REQUIRED FOR RENEWAL OF ATPL**

1. Proof of identity (Passport/National ID)
2. Recent photograph (approximately 2 cm × 2.5 cm), blue background, full face
3. Medical Certificate from an authorized Civil Aviation Medical Examiner
4. English Language Proficiency document (if applicable)
5. Last three (3) pages of personal flying logbook(s), certified by the relevant authority
6. Evidence of qualification (if required)
7. Copies of current or expired ATPL and any other licences held
8. Proof of payment

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**PART E: APPLICATION AND DECLARATION**

I hereby declare that all information provided in this application, including but not limited to my qualifications and experience, is true, accurate, and complete to the best of my knowledge and belief. I understand that any false statement or omission may result in the disqualification of my application

Name of Applicant	Signature:		Date:
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**FOR OFFICIAL USE ONLY**

APPLICATION ACCEPTED <input style="float: right; margin-left: 20px;" type="checkbox"/>	APPLICATION REJECTED <input style="float: right; margin-left: 20px;" type="checkbox"/>  <b>Reason(s) for Rejection (if any):</b> .....
Name of PEL Officer/Inspector.	
Date	
Signature	