	TANZANIA CIVIL AVIATION AUTHORITY DIRECTORATE OF SAFETY REGULATIONS PERSONNEL LICENSING	Revision: 4 Form
Document No.: TCAA-FRM-SR- PEL02D	Title: Application form for Issue or Renewal of Private Pilot License (PPL)	Page 1 of 4

IMPORTANT NOTICES

1. This form, when completed, should be forwarded to TCAA Personnel Licensing Office via email: 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 format
4. All items in Part A must be filled correctly
5. Items marked with an asterisk (*) are 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 certificate 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

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

PART C: CATEGORY, CLASS AND/OR AIRCRAFT TYPE (IF REQUIRED) FOR WHICH THE LICENCE IS REQUIRED.

Category	Class	Type

- 12 Instrument Rating held (if any) and state date of last test.....
- 13 Total Instrument Flying Hours (if applicable)
- 14 FLYING EXPERIENCE FOR INTIAL ISSUE OF PPL–complete and attach/upload Form TCAA-FRM-SR-PEL029D

PART D: FLYING EXPERIENCE (PPL)

15 FLYING EXPERIENCE FOR RENEWAL OF PPL-complete the boxes below

Hours Flown	Day PIC	Day Dual	Night PIC	Night Dual
Totals since initial Issue				
Totals since renewal.				
Totals last 3 months				


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

17 If YES, indicate;

- i. Class of medical certificate: _____
- ii. Date of Issue: ___ / ___ / ___
- iii. 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 E: DOCUMENTS REQUIRED

A. DOCUMENTS REQUIRED FOR INITIAL ISSUE OF PPL

1. Proof of age, date of birth, full name, and nationality (Passport or National ID).
(Documents in languages other than English must be notarized translations.)
2. Recent passport-size photograph (approximately **2 cm × 2.5 cm**, blue background, full face).
3. Valid Medical Certificate issued by an authorized Civil Aviation Medical Examiner.
4. Evidence of required academic qualifications (if applicable).
5. Applicant’s signature specimen (approximately **1 cm × 1.5 cm**).
6. English Language Proficiency certificate.
7. Certified copies of relevant flying logbook pages.
8. Certificate or official letter from the Approved Training Organisation (ATO).
9. Proof of payment of applicable fees.
10. Copies of any aviation licences already held (if applicable).

B. DOCUMENTS REQUIRED FOR RENEWAL OF PPL

1. Proof of identity (Passport or National ID).
2. Recent passport-size photograph (approximately **2 cm × 2.5 cm**, blue background).
3. Valid Medical Certificate.
4. English Language Proficiency certificate (if applicable).
5. **Last three (3) pages of personal flying logbook**, certified by an authorized person (CFI, Chief Pilot, Director of Operations, etc.).
6. Proof of payment of applicable renewal fees.
7. Copy of current or expired PPL.
8. Any additional documents as may be required by TCAA.

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PART E: APPLICATION AND DECLARATION

I hereby declare that all information provided in this application is true, correct, and complete to the best of my knowledge and belief. I understand that any false statement or omission may result in rejection of this application or further regulatory action.

Name of Applicant	Signature:		Date:
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FOR OFFICIAL USE ONLY

APPLICATION ACCEPTED <input type="checkbox"/>	APPLICATION REJECTED <input type="checkbox"/> Reason(s) for Rejection (if any):
Name of PEL Officer/Inspector.	
Date	
Signature	