**RENEWAL OF STUDENT PILOT LICENCE**

CHECK LIST FOR RECEIVING APPLICATIONS

Name of the Applicant :

Date :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Yes**  | **No**  | **Remarks** | **Office Use** |
| Application uploaded to the system |  |  | Ref. No. |  |
| Medical examination completed |  |  | Date of Medical :  |  |
| NIB Clearance received |  |  | Ref. No. and Date : |  |

I understand that my application will not be processed unless I produce the original certificate / documents to TOPL section and make the relevant payments.

I hereby certify that the particulars given by me in this application are true and correct.

………………………………………….

Applicant’s signature

The Application and documents received on …………………………………. and payment made.

Payment Receipt number …………………..

…………………………………..

(Receiving Officer’s signature)

Remarks