



Personnel Licensing

FSS PEL 61-07

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**APPLICATION FOR AN INSTRUMENT RATING**

(For initial IF application when it is made independently from licence application and for revalidation of IF rating)

<b>NOTE:</b>	1) After completion this form must be submitted to the NCAA together with the following:	vii) Instrument rating fee as prescribed in Part 187.
	<b>a) For an initial issue of an IF rating:</b> i) valid general radiotelephony operator certificate, if applicable; ii) valid Class 1 medical certificate; iii) valid night rating, unless this is already part of the licence; iv) results of the theoretical knowledge examination; v) results of instrument rating skill test on form FSS PEL 61-41; vi) logbook, properly summarised in accordance with NAMCATS 61 and certified by an instructor;	<b>b) For the revalidation of an IF rating if it has not lapsed for more than 24 months:</b> i) Results of instrument rating skill test on form FSS PEL 61-41; 2) All skill test reports must be submitted within 30 days of completion of the skills test.

**PART 1: TO BE COMPLETED BY APPLICANT**

Surname <i>(Block letters)</i>							
First names							
Gender <i>(check box)</i>	Male		Female		Nationality		
Identity/Passport Number					Date of birth		
Residential address					Postal address		
Telephone Number					Mobile phone Number		
Fax Number					Email address		
Type of license held:					NCAA License number		
Category of aircraft:	Aeroplanes			Helicopters		Powered-lift	
Application for:	Initial IF rating:			Revalidation of IF rating:		Date of Previous Test:	
						Date of Latest Test:	

**PART 2: TO BE COMPLETED BY THE APPLICANT**

**EXPERIENCE**

Instrument flying hours: Total:				Cross-country flying hours:				Total flying hours for past 12 months:			
In Simulator	In helicopters	In aeroplanes	In powered-lifts	PIC		FO		PIC		FO	
FSTD Type			FSTD Level			FSTD registration					

I herewith certify that the information submitted to NCAA is correct.

Signature of Applicant		Date:	
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**PART 3: TO BE FILLED OUT BY INSTRUCTOR**

Name of Aviation Training Organisation OR Operator		Name of instructor <i>(Block letters)</i>	
Telephone		Licence number	
Email address		Signature of Instructor	
Date:		Grade (I/II)	

**OFFICIAL USE ONLY**

Date: Application reviewed		Application	Approved		Date:		Rejected		Date:		
NCAA employee Name:		NCAA Supervisor Name:						Reason:			
Signature:		Signature:									