



**APPLICATION FOR THE THEORETICAL KNOWLEDGE EXAMINATIONS**

Please complete in **BLOCK CAPITALS** using black or dark blue ink.

**FALSE REPRESENTATION STATEMENT**

It is an offence to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document.

**1. APPLICANT DETAILS**

To be completed by the Applicant

Title: ..... Forename: ..... Surname: .....  
 Date of birth (dd/mm/yyyy): ..... Nationality: .....  
 Town of birth: ..... Country of birth: .....  
 Permanent Address: .....  
 ..... Postcode: .....  
 Telephone: ..... Mobile telephone: .....  
 E-mail: .....

**2. EXAMINATION DETAILS** (Mark as appropriate)

SUBJECTS FOR ATPL	REQUIRED	COMPLETED	ATTEMPT	DATE PASSED
Principles of Flight				
Airframes/ Systems/Powerplant				
Mass & Balance				
Performance				
Instrumentation				
Flight Planning and Monitoring				
General Navigation				
Radio Navigation				
Meteorology				
Human Performance				
VFR Communications				
IFR Communications				
SUBJECTS FOR CPL	REQUIRED	COMPLETED	ATTEMPT	DATE PASSED
Principles of Flight				
Airframes/ Systems/Powerplant				
Mass & Balance				
Performance				
Instrumentation				
Flight Planning and Monitoring				
General Navigation				
Radio Navigation				
Meteorology				
Human Performance				
VFR Communications				

SUBJECTS FOR IR	REQUIRED	COMPLETED	ATTEMPT	DATE PASSED
Flight Performance and Monitoring				
Human Performance				
Meteorology				
Instrumentation				
Radio Navigation				
IFR Communications				
SUBJECTS FOR PPL	REQUIRED	COMPLETED	ATTEMPT	DATE PASSED
Human Performance				
Meteorology				
Communications				
Principles of Flight				
Flight Performance & Planning				
Aircraft general knowledge				
Navigation				
SUBJECTS FOR LAPL	REQUIRED	COMPLETED	ATTEMPT	DATE PASSED
Human performance				
Meteorology				
Communications				
Principles of flight				
Flight performance and planning				
Aircraft general knowledge				
Navigation				
Air Law and Operational Procedures (use CAAFORM OPS 1)				

**3. TRAINING ORGANISATION EXAMINATIONS ENTRY AUTHORISATION (tick as appropriate)**

Type of Training: Integrated  Modular  If Modular:  Residential  Distance Learning

Name (block capitals): .....

Position: ..... Date: ..... Signature: .....

**4. APPLICANTS MEETING THE CREDITING CRITERIA FROM APPROVED TRAINING**

Please complete CAA FORM 1192.

**5. DECLARATION OF APPLICANT To be completed by the Applicant**

I declare that the information provided on this form is correct

Name:	Signature:	Date:
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Documents to be submitted	For CAA use
• A copy of national ID card or Passport	
• Copy of the Payment receipt	
<b>CAA USE ONLY</b>	
Date of Issue: .....	
Checked by: .....	
Loaded by: .....	
Signed by: .....	