



REPUBLIC OF THE PHILIPPINES
CIVIL AVIATION AUTHORITY OF THE PHILIPPINES
Pasay City, Metro Manila

APPLICATION FOR INSTRUMENT RATING
(AIRPLANE/HELICOPTER)

Date: _____

1. NAME : _____ Age: _____
(Given Name) (Middle Name) (Surname)

2. MAILING ADDRESS : _____

3. PILOT'S LICENSE : _____ Number: _____

4. PERIOD OF VALIDITY : From _____ To: _____

5. PRESENT RATING(S) : _____

6. OTHER RATING(S) : _____

INSTRUMENT FLIGHT TIME

NATURE	MULTI-ENGINE		SINGLE-ENGINE		TOTAL
	PILOT	CO-PILOT	SOLO	DUAL	
Actual					
Hooded					
TOTAL					

SIMULATOR/LINK TIME _____ Hours: _____ Mins. _____

CROSS COUNTRY PILOT-IN-COMMAND TIME _____ Hours: _____ Mins. _____

CROSS COUNTRY CO-PILOT _____ Hours: _____ Mins. _____

TOTAL PILOT-IN-COMMAND TIME: _____ Hours: _____ Mins. _____

OTHER INFORMATION _____

NAME OF FLYING SCHOOL	FLIGHT COURSE TAKEN	DATE		ADDRESS
		FROM	TO	

I hereby certify that all the above statements/data are true and correct to the best of my knowledge

Signature of Applicant

SUBSCRIBED AND SWORN to before me this _____ day of _____ 200 4 at _____
 affiant exhibiting to me his/her Residence Certificate/Passport No. _____ issued at _____
 on _____ 200

Doc. No. _____
 Page No. _____
 Book No. _____
 Series of _____

Notary Public
Until December 31, 199

ACTION TAKEN

APPROVED
 DISAPPROVED

Checked and Verified by:

 Check Pilot's
 Printed Name and Signature

REMARKS : _____