

	<b>TANZANIA CIVIL AVIATION AUTHORITY</b> DIRECTORATE OF SAFETY REGULATIONS PERSONNEL LICENCING	Revision:1 <b>Form</b>
	Document No.: <b>TCAA-FRM-SR-PEL044B</b>	Title: <b>Application for English Language Proficiency Test</b>

S/N	Personal Details	
1.	Name of Applicant:	
2.	Applicant telephone number:	
3.	Passport or ID Number:	
4.	Email Address:	
5.	Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
6.	Nationality:	
7.	Type of Licence held:	License Number:
8.	Issuing state:	
9.	Name of Employer:	
10.	Category of applicant:	Pilot (Commercial/Private) <input type="checkbox"/>
		Air Traffic Controller <input type="checkbox"/>
11.	Purpose:	Initial ELP Test
		Renewal of ELP
12.	Language background (Languages spoken fluently):	
13.	Previous ELP Level achieved/obtained:	
14.	Date of ELP Last Assessment:	
15.	Expiry Date of Previous ELP Rating:	
16.	Proof of Payment/Control Number:	
<b>Declaration:</b>		
I declare to the best of my knowledge and belief, that the information given in this application and attachments are complete and correct.		
<b>Name:</b>		<b>Signature:</b>
		<b>Date:</b>
<b>For PEL Office use only:</b>		
Name of Inspector/Officer received:		
Signature:		
Date:		