



APPLICATION FOR DUPLICATE OF A CABIN CREW ATTESTATION ISSUED BY A BELGIAN CCITP

This application form has to be digitally filled in and signed by applicant for a duplicate of a Cabin Crew Attestation¹.

This application shall be submitted to the Cabin Crew Initial Training Provider (CCITP) which granted the initial issue of the CCA or the Belgian CAA with :

1. a copy of the Identity Card²
 2. a copy of the CCA (if possible)
 3. the original of the loss or theft declaration reported to the police; and
 4. evidence(s) of CC activities for an EU operator during the last 60 months.
- Either the Belgian CCITP is still in activity. In this case the applicant shall contact the CCITP to obtain a duplicate. This application form and the hereabove documents shall be recorded by the CCITP and communicate without delay to the BCAA.
 - Either the Belgian CCITP ceased its activities. In this case, the applicant shall contact the Belgian CAA.

For any question, please contact the BCAA:

Belgian Civil Aviation Authority
Operations Directorate
Rue du Progrès 56
1210 BRUXELLES
Tél: +32 (0)2 277 43 63
Mail: Partcc.BCAA@mobiliteit.fgov.be

Note 1. According to Commission Regulation (EU) No 290/2012 of 30 March 2012, Article 11 a: Cabin crew qualifications and related attestations §1 “Cabin crew members involved in commercial operation of aircraft referred to in Article 4(1)(b) and (c) of Regulation (EC) No 216/2008 shall be qualified and hold the related attestation in accordance with the technical requirements and administrative procedures laid down in Annexes V and VI”.

Note 2. When the applicant does not hold an Identity Card, a copy of the valid Passport shall be provided.

1. PERSONAL DETAILS

| | |
|---------------------------------|---------------|
| Surname(s) | First Name(s) |
| Date of Birth (dd/mm/yyyy) | Nationality |
| Place of Birth (City & Country) | / |
| Permanent address | |
| Contact Tel. No. | Email address |



2. CCA DETAILS

| | |
|--------------------------------|----------------------------|
| CCA reference n°: | CCA date of initial issue: |
| Name and address of the CCITP: | |

3. REASON OF DUPLICATE APPLICATION

| |
|-------------|
| MOTIVATION: |
|-------------|

4. DECLARATION (Please tick the corresponding box)

| | |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | I am not holding any Cabin Crew Attestation with the same scope and in the same category issued in another Member State; |
| <input type="checkbox"/> | I have not applied for any Cabin Crew Attestation with the same scope and in the same category in another Member State; |
| <input type="checkbox"/> | I have never held any Cabin Crew attestation with the same scope and in the same category issued in another Member State which was revoked or suspended in any other Member State; |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| I hereby declare that the above details given are true and correct. I am aware that incorrect information could disqualify me as an applicant from being granted an attestation. | |
| Date: | Signature of applicant: |