

Application for PART-FCL theoretical knowledge examinations

Please mail this form with a copy of your identity card (recto/verso) or passport to info.icarus@mobilite.fgov.be

False representation statement: any incorrect information could disqualify the applicant from taking any examination or being granted a personnel licence, certificate, rating, authorisation or attestation.

1. Applicant details	to be completed by the applicant
Female <input type="checkbox"/> Male <input type="checkbox"/>	Firstname(s): Surname:
Date of birth (dd/mm/yyyy):	Nationality:
Place of birth:	Country of birth:
National Number (for Belgian citizens or applicants residing in Belgium)	
Official address:	
..... Zipcode:	
Telephone number: Cellular phone number	
Communication language : Dutch <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> English <input type="checkbox"/>	
E-mail:	
ATO/RF name or reference (if applicable):	

2. Address for correspondence (if different from above)	to be completed by the applicant
Mailing address:	
..... Zipcode:	

3. Preferences for taking the examination	to be completed by the applicant
Submit a few dates when you are available to take the examination (our examination centre is open on Mondays and Tuesdays, except for official holidays):	
.....	
Other useful information:	
.....	

4. Guidance material

Confirmation and timetables will be advised on completion of booking.

Cancellation of sitting: if you don't attend a sitting without a 15 days notice to the Belgian CAA, the corresponding fee that you have paid for will not be refunded.

For the payment you will receive an invitation to pay. Please wait with your payment until you have received this invitation. The payment must be executed with the correct structured communication, the exact amount and on the correct bank account mentioned on the invitation. Spontaneous payments will not accelerate the treatment of your application, on the contrary.

5. Declaration of applicant

to be completed by the applicant

I declare that the information provided on this form is correct.

I declare that:

- (1) I was not holding any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State;
- (2) I have not applied for any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category in another Member State; and
- (3) I have never held any personnel licence, certificate, rating, authorisation or 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 have fully reviewed all applicable guidance material and have submitted all of the necessary paperwork for my application to be considered.

Signature (applicant): Date:

6. ATO certification and recommendation to be completed by the approved training organization

I certify that (name) has completed the appropriate elements of the training course of theoretical knowledge instruction to a satisfactory standard for LAPL/PPL/SPL/BPL CPL modular CPL integrated ATPL modular ATPL integrated IR

I further recommend that (name) may enter the corresponding theoretical examinations as stated below:

in the following language (please tick)

- | | | | | |
|---------------------------------------|---------------------------------|----------------------------------|----------------------------------|---------------------------------|
| LAPL(Aeroplanes) or PPL(Aeroplanes) | French <input type="checkbox"/> | Dutch <input type="checkbox"/> | English <input type="checkbox"/> | German <input type="checkbox"/> |
| LAPL(Helicopters) or PPL(Helicopters) | French <input type="checkbox"/> | Dutch <input type="checkbox"/> | | |
| LAPL(Sailplane) or PPL(Sailplane) | French <input type="checkbox"/> | Dutch <input type="checkbox"/> | | |
| LAPL(Balloon) or BPL(Balloon) | French <input type="checkbox"/> | Dutch <input type="checkbox"/> | German <input type="checkbox"/> | |
| CPL(Aeroplanes) | English only | | | |
| CPL(Helicopters) | English only | | | |
| IR(Aeroplanes) | English only | | | |
| IR(Helicopters) | English only | | | |
| ATPL(Aeroplanes) or MPL(Aeroplanes) | English only | Block A <input type="checkbox"/> | Block B <input type="checkbox"/> | |
| ATPL(Helicopters) | English only | Block A <input type="checkbox"/> | Block B <input type="checkbox"/> | |
| ATPL/IR(Helicopters) | English only | Block A <input type="checkbox"/> | Block B <input type="checkbox"/> | |

Approved training organisation (ATO): ATO approval N°

Competent authority issuing approval:

Name and e-mail address of head of training:

Signature (head of training): Date:

Supporting documentation required with the application: copy of Part-ORA ATO approval certificate (if the ATO is not approved by the Belgian CAA)