

**This page is not part of the application and is for your information only.
This page has not to be sent to the Belgian CAA.**

Record of versions

Version number	Date of revision	Topics
2.0	20/12/2019	Form in accordance with IR (EU) 2019/1747

When to use this application form?

In case of applying for the first issuance of an instructor certificate FI, TRI, CRI, IRI, SFI, MCCI, MI, FTI or STI.

How to use this application form?

Print and fill in the pages intituled "First page" and "Last page" and the in-between page(s) describing the training you followed. The relevant requirements for getting a rating or certificate are always gathered on one page. You don't have to print and send us all the pages. Only "First page", "Last page" and the in-between pages for the training are needed.

Which pages to fill in?

First page (Application – Details of the applicant – Address for correspondence) has to be filled in systematically.

- If you wish to inform us about your personal details or about any changes in our personal details, please fill in the "2.2 Applicant details". Otherwise fill in your personal licence number only, in the "2.1 Applicant details".
- Address for correspondence – has to be filled in if the address for correspondence is different from your personal address.

Any in-between page(s) you need for the licence or rating you are applying for.

- As some trainings require a minimum flying experience as prerequisites, you have to demonstrate that you meet these minima. **Remark:** your logbooks have to be duly filled in, please read the instructions for use included in your Part-FCL logbook or consult the corresponding Acceptable Means of compliance (AMC1 FCL.050) or consult the corresponding information notice on our website.

Last page (Confirmation of skill test – Declaration of applicant) has to be filled in systematically.

- Confirmation of skill test will be filled in by the examiner.
- Please specify in the declaration how you wish to receive your licence from BCAA.

Supporting documentation

1. Copy of your valid passport, EEA/EU national identity card or full EU photographic driving licence
4. Copy of Part-ORA ATO/DTO approval certificate (if ATO/DTO is not approved by the Belgian CAA)
6. Copy of Part-FCL examiner's approval certificate (if examiner is not approved by the Belgian CAA)

Remarks

Within 10 days after receipt of a skill test/proficiency check result, an appealable decision about the test/check results may be requested in writing to the Belgian Civil Aviation Authority.

Any incorrect information could disqualify the applicant from taking any examination or being granted a personnel licence, certificate, rating, authorisation or attestation. Furthermore, in case of obtaining the pilot licence, rating or certificate by falsification of submitted documentary evidence, in spite of the penalties susceptible to be imposed on the pilot, the decision of acceptance will be the object of a decision of immediate withdrawal.

Instruction time must be certified in your logbook by the appropriately rated or authorised instructor from whom it was received.

Assessment of competence, skill test and proficiency check must be certified in your logbook by the appropriately rated or authorised examiner from whom it was taken.

**Application form
Part-FCL Instructor certificate**

Date of reception:

First page

1. Application

to be completed by the applicant

I am applying for the following instructor certificate:

FI Flight instructor Aeroplane Helicopter Airship

TRI Type rating instructor Aeroplane (please specify type):

Type rating instructor Helicopter (please specify type):

CRI Class rating instructor Single engine Multi engine Single engine and Multi engine

IRI Instrument rating instructor Aeroplane Helicopter Airship

SFI Synthetic flight instructor Aeroplane (please specify type):

Synthetic flight instructor Helicopter (please specify type):

MCCI Multi-crew cooperation instructor

MI Mountain rating instructor

FTI Flight test instructor

STI Synthetic training instructor Aeroplane Helicopter

2.1 Applicant details

to be completed by the applicant

Belgian licence number: BE.FCL..... A or H or As or S or B

2.2 Applicant details

to be completed by the applicant

Belgian national register of natural persons number:

Title: Name: First name(s):

Date of birth (dd/mm/yyyy): Nationality:

Town of birth: Country of birth:

Permanent address:

Town/country: Postcode:

Telephone: Alternative telephone number:

E-mail:

Supporting documentation required with the application:

Copy of your valid passport, EEA/EU national identity card or full EU photographic driving licence

3. Address for correspondence (if different from above)

to be completed by the applicant

Postal address:

Town/country: Postcode:

Flight Instructor – Aeroplane/Helicopter/Airship

Prerequisites Flying Experience	to be completed by the applicant		
	FI(A)	FI(H)	FI(As)
Total flight time in the corresponding aircraft category			
Total flight time as PIC in the corresponding aircraft category			
Total flight time on single-engine piston aeroplane		N/A	N/A
Flight time on single-engine piston aeroplane within the last 6 months prior pre entry flight test		N/A	N/A
Total VFR cross-country flight time as PIC			N/A
Date of 540 km cross country flight with full stop landings at two different aerodromes		N/A	N/A
Instrument flight instruction time received	On A/C	On A/C	N/A
	On FSTD	On FSTD	

FI Pre-entry flight test	to be completed by the Flight Instructor who conducted the flight test
I recommend (applicant) for the Flight instructor course.	
Date of satisfactory pre-entry flight test:	
Approved training organisation (ATO): ATO approval N°	
Name of Flight Instructor who conducted flight test:	
Licence N° Competent authority issuing licence:	
Signature:	Date:

Approved course certificate	to be completed by the training organisation (ATO)
I certify that (applicant) has satisfactorily completed an approved course of training in accordance with Part-FCL for the Flight Instructor certificate in the following aircraft category: <input type="checkbox"/> Aeroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Airship	
Date course started: Date course completed:	
If a credit towards the teaching and learning was given, please indicate for which previously held instructor certificate: <div style="text-align: center;"> <input type="checkbox"/> CRI <input type="checkbox"/> TRI <input type="checkbox"/> IRI <input type="checkbox"/> MCCI <input type="checkbox"/> SFI <input type="checkbox"/> FTI </div>	
The course consisted of hours of flight instruction of which hours in FSTD.	
ATO: ATO approval N°	
Name of person having the rights to engage the responsibility of the ATO:	
Signature:	Date:

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

Type Rating Instructor – Aeroplane (Multi or Single pilot)/Helicopter (Multi or Single pilot)

Prerequisites Flying Experience		to be completed by the applicant			
	TRI(MPA)	TRI(SPA)	TRI(SPH-SE)	TRI(SPH-ME)	TRI(MPH)
Total flight time in the appropriate aircraft category					
Total flight time on multi-pilot aircraft		N/A	N/A	N/A	
Route sectors as pilot in preceding 12 months	Aeroplanes	Aeroplanes	N/A	N/A	N/A
	FFS	FSTD			
Total flight time as PIC on single-pilot multi-engine aircraft	N/A	N/A	N/A		N/A
Total flight time as PIC on the applicable type	N/A		N/A	N/A	N/A

Approved course certificate to be completed by the training organisation (ATO)

I certify that (applicant) has satisfactorily completed an approved course of training in accordance with Part-FCL for the Type Rating Instructor certificate for:

- Aeroplane (specify type) in FFS or Aeroplane
 Helicopter (specify type) in FFS or Helicopter

Date course started: Date course completed:

If a credit towards the teaching and learning was given, please indicate for which previously held instructor certificate:

- FI CRI IRI MCCI SFI FTI

The course consisted of hours of technical training and hours of flight instruction of which hours in FSTD.

- The course included : no additional specific trainings for LIFUS or landing training
 additional specific training before conducting LIFUS
 additional specific training before conducting landing training

ATO: ATO approval N°

Name of person having the rights to engage the responsibility of the ATO:

Signature: Date:

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

Class Rating or Mountain Rating Instructor or Instrument Rating Instructor – Aeroplane/Helicopter

Prerequisites Flying Experience

to be completed by the applicant

	IRI(A)	IRI(H)	CRI
Total flight time on aeroplanes	N/A	N/A	
Total flight time as PIC on the appropriate type or class	N/A	N/A	
Total flight time in IFR			N/A
Instrument flight time on aeroplanes		N/A	N/A
Instrument flight time on helicopters	N/A		N/A
Total flight time in IFR in FSTD			N/A

MI Pre-entry flight test

to be completed by the Flight Instructor who conducted the flight test

I recommend (applicant) for the Mountain rating instructor course.

Date of satisfactory pre-entry flight test:

Approved training organisation (ATO): ATO approval N°

Name of Flight Instructor who conducted flight test:

Licence N° Competent authority issuing licence:

Signature: Date:

Approved course certificate

to be completed by the training organisation (ATO)

I certify that (applicant) has satisfactorily completed an approved course of training in accordance with Part-FCL for the following Instructor certificate:

- CRI for SE instruction or ME instruction; or
- IRI for Aeroplanes or Helicopters; or
- MI

Date course started: Date course completed:

If a credit towards the teaching and learning was given, please indicate for which previously held instructor certificate:

- FI TRI CRI IRI MCCI SFI FTI

The course consisted of hours of technical training and hours of flight instruction of which hours in FSTD.

ATO: ATO approval N°

Name of person having the rights to engage the responsibility of the ATO:

Signature: Date:

Supporting documentation required with the application:

Copy of Part-ORA ATO approval certificate (if ATO is not approved by the Belgian CAA)

Synthetic Flight Instructor– Aeroplane/Helicopter

Prerequisites Flying Experience	to be completed by the applicant				
	SFI(MPA)	SFI(SPA)	SFI(SPH-SE)	SFI(SPH-ME)	SFI(MPH)
Total flight time in the appropriate aircraft category	N/A	N/A			
Total flight time on multi-pilot aircraft		N/A	N/A	N/A	
Route sectors or LOFT as observer or as pilot in preceding 12 months		N/A	N/A	N/A	N/A
Total flight time as PIC on single-pilot multi-engine helicopters	N/A	N/A	N/A		N/A
Total flight time as PIC on single-pilot aeroplanes	N/A		N/A	N/A	N/A
Date of at least 1 hour flight time on the flight deck as pilot or observer	N/A	N/A			

Approved course certificate	to be completed by the training organisation (ATO)
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I certify that (applicant) has satisfactorily completed an approved course of training in accordance with Part-FCL for the Synthetic Flight Instructor certificate for:

Aeroplane (specify type) in FTD2 or FFS

Helicopter (specify type) in FTD2/3 or FFS

Date course started: Date course completed:

If a credit towards the teaching and learning was given, please indicate for which previously held instructor certificate:

- FI
 TRI
 CRI
 IRI
 MCCI
 FTI

The course consisted of hours of technical training and hours of flight instruction in FSTD.

ATO: ATO approval N°

Name of person having the rights to engage the responsibility of the ATO:

Signature: Date:

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

Multi-Crew Cooperation, Synthetic training or Flight Test Instructor– Aeroplane/Helicopter

Prerequisites Flying Experience			to be completed by the applicant		
	MCCI(A)	MCCI(H)	STI(A)	STI(H)	FTI
Flying experience in multi-pilot operations		N/A	N/A	N/A	N/A
Total flight time on multi-pilot helicopters	N/A		N/A	N/A	N/A
Flying experience in multi-crew operations	N/A		N/A	N/A	N/A
Total flight test time	N/A		N/A	N/A	
Date of the relevant proficiency check on the type or class	N/A	N/A			N/A
Date of the observation flight in the flight deck	N/A	N/A	N/A		N/A

Approved course certificate to be completed by the training organisation (ATO)

I certify that (applicant) has satisfactorily completed an approved course of training in accordance with Part-FCL for the following Instructor certificate:

MCCI for Aeroplanes or Helicopters; or

STI for Aeroplanes or Helicopters; or

FTI for Aeroplanes or Helicopters

Date course started: Date course completed:

If a credit towards the teaching and learning was given, please indicate for which previously held instructor certificate:

FI TRI CRI IRI MCCI SFI FTI

The course consisted of hours of technical training and hours of flight instruction in FSTD.

ATO: ATO approval N°

Name of person having the rights to engage the responsibility of the ATO:

Signature: Date:

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

Confirmation of assessment of competence

to be completed by the examiner

I certify that (applicant) has satisfactorily completed an assessment of competence on (date): for

- FI TRI CRI IRI SFI

Aircraft type and registration: or

FSTD identification number:

I further certify that I have verified that the applicant complies with all the qualification, training and experience requirements for the grant of the certificate for which the assessment of competence is taken.

Name of examiner: Examiner N°

Authorising competent authority:

Signature (examiner): Date:

Supporting documentation required with the application:

Copy of Part-FCL examiner's approval certificate (if examiner is not approved by the Belgian CAA)

Note - Examiners are reminded that they must complete the skill test report form and submit a copy of it to Licensing department, within 14 working days from the skill test. The licence will not be issued to the applicant until the report form is received.

Declaration of applicant

to be completed by the applicant

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

I have fully reviewed all applicable guidance material and have submitted all of the necessary paperwork for my application to be considered.

I wish to pick up my licence from the BCAA during the opening hours.

I wish that BCAA send my licence to my postal address.

Signature (applicant): Date: