## 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 an Airline Transport Pilot Licence (ATPL).

#### Which sections to fill in?

Section 1 - Application - has to be filled in systematically.

#### Section 2 – Details of the applicant – has to be filled in systematically.

If you wish to inform us of your personal details or of any changes in our personal details, fill in the "2.2 Applicant details". Otherwise fill in your personal licence number only in the "2.1 Applicant details".

### Section 3 – Address for correspondence – has to be filled in if the address for correspondence is different from your personal address.

#### Section 4 - Medical fitness

You have to provide us with a copy of your medical certificate issued in conformity with Part-Medical.

If you are not holding a Belgian issued medical certificate please contact the Belgian Aero-Medical Section at info.ams@mobilit.fgov.be.

#### Section 5 – Description of the flying experience – has to be filled in systematically.

- You have to write down the flying experience you have before the ATPL skill test is taken.
- Holders of a pilot licence for other categories of aircraft may be credited with flight time, don't forget to fill in the corresponding experience description.
- For logging PICUS hours, the method of supervision must be acceptable to the Belgian CAA and has to be previously submitted to the Belgian CAA for approval. After approval the pilot will be allowed to log PICUS flight time. All time flown before the approval from the BCAA will not be valid.

<u>Remark:</u> 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.

#### Section 6 - Confirmation of skill test - has to be filled in systematically.

This section will be filled in by the examiner.

#### Section 7 - Declaration of applicant - has to be filled in systematically.

Please specify 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
- 2. Copy of Part-MED medical certificate
- 3. 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.

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.



# BELGIAN CIVIL AVIATION AUTHORITY EUROPEAN UNION

# **AEROPLANES - Application form Part-FCL Airline Transport Pilot Licence**

Date	of	recep	tion:

Vers: 2.0 Issued: 20/12/2019

First page	
1. Application	to be completed by the applicant
I am applying for the following aeroplane licer	nce:
☐ ATPL	
Aeroplane class/type rating (please specify):	
O. 4. Applicant dataile	to be assembled by the applicant
2.1 Applicant details	to be completed by the applicant
Belgian licence number: BE.FCL.	A
2.2 Applicant details	to be completed by the applicant
Belgian national register of natural persons n	umber:
Title:Name:	First name(s):
Date of birth (dd/mm/yyyy):	Nationality:
Town of birth:	Country of birth:
Permanent address:	
	Postcode:
Telephone:	Alternative telephone number:
Supporting documentation required with the a	pplication:
Copy of your valid pas	sport, EEA/EU national identity card or full EU photographic driving licence
3. Address for correspondence (if differen	to be completed by the applicant
	Postcode:
Medical fitness     Note: Your medical certificate must be valid of	to be completed by the applicant
Supporting documentation required with the a	<u> </u>

### Flying experience

5. Flying experience	(before the ATPL skill test is taken)	to be completed by the applicant		
		Hours claimed	CAA use only	
	Flight time on single-pilot aeroplanes including simulator time			
	Flight time on multi-pilot aeroplanes including simulator time			
Total	FFS			
experience as	FNPT			
pilot	Flight time on multi-pilot helicopters			
	Flight time on single-pilot helicopters			
	Flight time on sailplane or TMG			
	Flight time as flight-engineer			
T. (-)	Flight time on aeroplanes as PIC including PICUS			
Total experience	Flight time on aeroplanes as PICUS			
as pilot-in-command	Flight time on helicopters as PIC including PICUS			
	Flight time on helicopters as PICUS			
	Total cross country flying on aeroplanes			
Cross	Cross country flying on aeroplanes as PIC or PICUS			
country flying	Total cross country flying on helicopters			
	Cross country flying on helicopters as PIC or PICUS			
	Instrument flight time on aeroplanes including FSTD			
Instrument	Instrument ground time on aeroplanes FSTD			
flying	Instrument flight time on helicopters including FSTD			
	Instrument ground time on helicopters FSTD			
Night flying	Flight time on aeroplanes as PIC or copilot			
Night flying	Flight time on helicopters as PIC or copilot			

Last page 6. Confirmation of skill test to be completed by the examiner I certify that (applicant) \_\_\_\_\_ has satisfactorily completed: ATPL(A) skill test Pass date: I further certify that I have verified the identity of the applicant and that the applicant complies with all the qualification, training and experience requirements for the grant of the licence for which the skill test is taken. Aeroplane type or simulator and registration: Name of examiner: \_\_\_\_\_\_Examiner N° \_\_\_\_\_ Authorising competent authority: Date: Signature (examiner): 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.

7. Declaration of applicant	to be completed by the applicant			
I declare that the information provided on this form are 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:			

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