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	Date of revision	Topics	Regulation
2.0	15/04/2021	Copy of licence to add to application, update of the form	IR(EU)2020/2193
2.1	07/10/2021	Correction of form reference	IR(EU)2021/1310

When to use this application form?

In case of application for the extension of privileges of an instructor certificate.

How to use this application form?

Print and fill in the pages intituled "First page" and "Last page" and the in-between page(s) you need for the extension of privileges of one or more instructor certificates. The relevant requirements for getting a certificate extended 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 particular certificates are needed. E.g.: to extend your FI(H) certificate, you fill in and send us "First page", "Flight instructor" page and "Last page". To extend your CRI and IRI(A), you send us "First page", "Class rating instructor" page, "Instrument rating instructor" page and "Last page".

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 certificates to be extended.

Last page (Declaration of applicant) has to be filled in systematically.

Please specify how you wish to receive your licence from BCAA.

Terms used and acronyms and their corresponding references in the regulation

- FI Unrestricted: FCL.910.FI(c); CPL: FCL.905.FI(e); FI(FI): FCL.905.FI(j); ME: FCL.905.FI(i); IR/SE: FCL.905.FI(h); IR/ME: FCL.905.FI(h); Night: FCL.905.FI(f); MPL: FCL.905.FI(k); Towing: FCL.905.FI(g); Aerobatic: FCL.905.FI(g); MP: FCL.905.FI(c)
- TRI LIFUS: FCL.910.TRI(a)(1); Landing Training: FCL.910.TRI(a)(2); Recency flight training: FCL.910.TRI(a)(3); In the A/C: FCL.910.TRI(a); TRI(TRI): FCL.905.TRI(a)(2); MPL: FCL.905.TRI (a)(3)(ii) and (a)(4)(iii); SPO to MPO (TRI(SPA) and TRI(SPH)): FCL.905.TRI(a)(3)(i) and FCL.910.TRI(c)(2); SPH to MPH (TRI(H) only): FCL.915.TRI(d); Further type in same category: FCL.910.TRI(b) and (c)(1)
- CRI SE: FCL.905.CRI(a)(1); ME: FCL.905.CRI(c); Towing: FCL.905.CRI(a)(2); Aerobatic: FCL.905.CRI(a)(2); MP: FCL.905.CRI(b)bis; Further type or class: FCL.905.CRI(b)
- IRI SE: FCL.905.IRI(a) and FCL.915.IRI(a)(2); ME: FCL.915.IRI(a)(3); MPL: FCL.905.IRI(b)
- SFI MPL: FCL.905.SFI(b)(2) and FCL.905.SFI(c)(3); SPO to MPO: FCL.905.SFI(b)(1); IR: FCL.905.SFI(a); Further type in same category: FCL.910.SFI
- MCCI MPL: FCL.905.MCCI(a)(2); Further type in same category: FCL.910.MCCI
- STI MPL: FCL.905.STI(b); Further type in same category: FCL.910.STI

Supporting documentation

At the end of a section of this application form, you will find the documentation needed. Don't forget to add it to your application.

- Copy of your current licence (double sided)
- Copy of Part-ORA ATO/DTO approval certificate (if ATO/DTO is not approved by the Belgian CAA)
- Copy of Part-FCL examiner's approval certificate (if examiner is not approved by the Belgian CAA)
- Copy of Part-FCL instructor's licence (if instructor 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.

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). 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 Extension of privileges of instructor certificates

First p	age				
1. Appl	cation to be completed by the applicant				
I am a	oplying for extension of privileges of the following instructor certificate:				
FI	☐ Unrestricted ☐ CPL ☐ FI(FI) ☐ ME ☐ IR/SE ☐ IR/ME ☐ Night ☐ MPL				
	☐ Towing ☐ Aerobatic ☐ MP				
TRI	☐ LIFUS ☐ In the A/C ☐ TRI(TRI) ☐ MPL				
	☐ SPO to MPO (TRI(SPA) and TRI(H)) ☐ SPH to MPH (TRI(H) only)				
	☐ Further type in same category (please specify type):				
CRI	SE ME Towing Aerobatic MP				
	☐ Further type or class (please specify type or class):				
IRI	SE ME MPL				
SFI	☐ MPL ☐ SPO to MPO (SFI(SPA)) ☐ IR				
	☐ Further type in same category (please specify type):				
MCCI	☐ MPL				
	☐ Further type in same category (please specify type):				
STI	☐ MPL				
	☐ Further type in same category (please specify type):				
2.1 Ap	plicant details to be completed by the applicant				
Belgia	n licence number: BE.FCL A or H or As or S or B				
2.2 Ap	plicant details to be completed by the applicant				
Belgia	n national register of natural persons number:				
Title:	Name: First name(s):				
Date o	f birth (dd/mm/yyyy):Nationality:				
Town	of birth: Country of birth:				
Perma	Permanent address:				
	country:Postcode:				
	one: Alternative telephone number:				
	rting documentation required with the application: Copy of your current licence (double-sided)				
	ress for correspondence (if different from above) to be completed by the applicant				
	Postal address: Town/country: Postcode:				
Town/					

Flight Instructor – Aeroplane / Helicopter

Flight experie	nce pre	erequisites			to	be cor	npleted by the applicant
Unrestricted	FI(A)	Flight time as instructor under supervision:		FI(H)	Flight time as instructor under supervision:		
		Supervised solo flights:			Supervised solo exercises:		
CPL	Flight time on the relevant aircraft category:			Flight time as instructor on the relevant aircraft category:			
FI(FI)	Flight time as instructor on the relevant aircraft category:						
ME	FI(A) FI(H)	Flight time on the relevant aircraft category:	FI(A)	on releva	ne as PIC ant type applied for:	FI(H)	Flight time as PIC on single-pilot multi-engine helicopters:
Night	(in the a	ke-offs, approaches and landings at ircraft of the same type or class or a dodays preceding the present application.	an FFS rep	resenting t	that type or class)		
IR	Flight time in IFR on aircraft:			Instrume ground t			
MPL	Flight tin the aero			e as instructor on lane category:		Flight time in multi-crew operations:	
Flight instruct	or addi	tional training	to b	e comp	leted by the ATC) havino	g conducted the training
		·			•		
		leted a training in accordance				training he	ereunder)
☐ IR i	nstruction	on (IRI training course)	ME aero	plane cl	ass or type (CRI t	raining o	course)
□ МЕ	helicop	ter type (TRI(H) training coul	rse)] MPL in	struction		
Date course st	arted:		Da	ate cour	se completed:		
Approved training organisation (ATO):							
ATO approval	ATO approval N°						
Competent authority issuing approval:							
Name of person having the rights to engage the responsibility of the ATO:							
Signature: Date:							
Supporting docum	entation re	equired with the application: Co	nov of Part-	ORA ATO	approval certificate (if	ATO is no	ot approved by the Belgian CAA)

Flight Instructor – Aeroplane / Helicopter (continued)

Confirmation of assessment of competence	to be completed by the examiner
I certify that (applicant)	
	competence for extension of instruction privileges
for one multi-engine class or type	☐ for IR ☐ for FI(FI),
on (date):	Aircraft type and registration:
I further certify that I have verified that the requirements for the grant of the extension of the	applicant complies with all the qualification, training and experience e certificate.
Name of examiner:	
Examiner N°	
Authorising competent authority:	
Signature (examiner):	Date:
Supporting documentation required with the application:	y of Part-FCL examiner's approval certificate (if examiner is not holding a Belgian licence)
Confirmation of instruction session under su	
has satisfactorily demonstrated the ability to inst	truct for the
	nuction the
☐ Night ☐ Towing ☐ Aerobatic	
on (date):	Aircraft type and registration:
Name of instructor:	
Signature (instructor):	Date:
Supporting documentation required with the application:	Copy of Part-FCL instructor's licence (if instructor is not holding a Belgian licence)

Type Rating Instructor – Aeroplane / Helicopter Flight experience and prerequisites to be completed by the applicant Instruction experience as TRI: TRI(TRI) TRI(A) Sectors on the A/C: TRI(H) Hours on the A/C: Extension to further type applicable type within the applicable type within the last last 12 months preceding 12 months preceding the FFS: FFS: the application application Flight time in multi-pilot operations on the type: SPO to MPO (TRI(H)) Type(s) on which the privileges are sought: SPO to MPO (TRI(SPA)) Flight time in multi-crew operations: MPL Type Rating Instructor additional training to be completed by the ATO having conducted the training I certify that (applicant) has satisfactorily completed a training in accordance with Part-FCL for (Please detail the training hereunder) extension to further type in same aircraft category: (please specify type) ☐ LIFUS instruction ☐ Landing Training in the aircraft ☐ Recency Flight training ☐ MPL instruction Date course started: Date course completed: Approved training organisation (ATO): ATO approval N° Competent authority issuing approval: Name of person having the rights to engage the responsibility of the ATO: Date: Signature: 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 for extension of instruction privileges to a further type in same aircraft category (please specify type): from FFS only to instruction in the aircraft from SPH to MPH, on (date): ______, Aircraft 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 extension of the certificate. Name of examiner: Examiner N°

Supporting documentation required with the application:

Copy of Part-FCL examiner's approval certificate (if examiner is not holding a Belgian licence)

Authorising competent authority:

Signature (examiner):

Date:

CI	ass	Ratin	a In:	stru	ctor

Flight experience prere	guisites		to be completed by the applicant			
Extension to further type or class	Flight time within the last 12 mont as PIC on relevant type or class a					
SE	Flight time on the relevant aircraft category:		Flight time as PIC on relevant type or class applied for:			
ME	Flight time on the relevant aircraft category:		Flight time as PIC on relevant type or class applied for:			
Class rating instructor a	additional training	to be completed	by the ATO having conducted the training			
			by the ATO having conducted the training			
	a training in accordance with Pa					
	SE instruction	ction	,			
Date course started:		Date course com	pleted:			
Approved training organisation	on (ATO):		ATO approval N°			
Authorising competent authorising	rity:					
Name of person having the r	ights to engage the responsibilit	ty of the ATO:				
Signature:		Date:				
			approval certificate (if ATO is not approved by the			
Confirmation of assessi	ment of competence		to be completed by the examiner			
	<u> </u>					
	an assessment of competence f					
for one single-er	ngine class or type	multi-engine class or	r type,			
on (date):	Aircra	aft type and registration	on:			
I further certify that I have ve grant of the extension of the		es with all the qualific	cation, training and experience requirements for the			
Name of examiner:						
Examiner N°						
Authorising competent authorising	rity:					
Signature (examiner):			Date:			
Supporting documentation re		aminor's approval cor	tificate (if examiner is not holding a Belgian licence)			
	ion session under supervi		to be completed by the instructor			
	ed the ability to instruct for the					
_	☐ Towing ☐ Aerobatic rating ☐ further class or type (please specify type or class): on (date):Aircraft type and registration:					
	Name of instructor: Instructor N°					
Authorising competent authority:						
Signature (instructor): Date:						
Supporting documentation re	equired with the application:					

Copy of Part-FCL instructor's licence (if instructor is not holding a Belgian licence)

Instrument Rating Instructor – Aeroplane / Helicopter

Flight experie	ence prerequisites	to be completed by the applicant
SE	Flight time on the relevant aircraft category:	Flight time as PIC on relevant type or class applied for:
ME	Flight time on the relevant aircraft category:	Flight time as PIC on relevant type or class applied for:
MPL	Flight time in multi-crew operations:	

Instrument rating instructor additional training	
to be	completed by the ATO having conducted the training
I certify that (applicant)	
has satisfactorily completed a training in accordance with Par	t-FCL for (Please detail the training hereunder)
☐ ME aeroplane class or type (CRI training course)	☐ ME helicopter type (TRI(H) training course)
☐ MPL instruction	
Date course started:Dat	e course completed:
Approved training organisation (ATO):	ATO approval N°
Competent authority issuing approval:	
Name of person having the rights to engage the responsibility	of the ATO:
Signature:	Date:
Supporting documentation required with the application: Copy of Part-O	RA ATO approval certificate (if ATO is not approved by the Belgian CAA)
Supporting documentation required with the application: Copy of Part-O Confirmation of assessment of competence	
Confirmation of assessment of competence	to be completed by the examiner
	to be completed by the examiner
Confirmation of assessment of competence I certify that (applicant)	to be completed by the examiner
Confirmation of assessment of competence I certify that (applicant) has satisfactorily completed an assessment of competence for	to be completed by the examiner
Confirmation of assessment of competence I certify that (applicant) has satisfactorily completed an assessment of competence for for one single-engine class or type, or	to be completed by the examiner or extension of instruction privileges
Confirmation of assessment of competence I certify that (applicant)	to be completed by the examiner or extension of instruction privileges e and registration:
Confirmation of assessment of competence I certify that (applicant)	to be completed by the examiner or extension of instruction privileges e and registration: nplies with all the qualification, training and experience
Confirmation of assessment of competence I certify that (applicant) has satisfactorily completed an assessment of competence for for one single-engine class or type, or for one multi-engine class or type, on (date): Aircraft type I further certify that I have verified that the applicant con requirements for the grant of the extension of the certificate.	to be completed by the examiner or extension of instruction privileges e and registration: nplies with all the qualification, training and experience Examiner N°
Confirmation of assessment of competence I certify that (applicant) has satisfactorily completed an assessment of competence for for one single-engine class or type, or for one multi-engine class or type, on (date): Aircraft type I further certify that I have verified that the applicant conrequirements for the grant of the extension of the certificate. Name of examiner:	to be completed by the examiner or extension of instruction privileges e and registration: nplies with all the qualification, training and experience Examiner N°
Confirmation of assessment of competence I certify that (applicant) has satisfactorily completed an assessment of competence for for one single-engine class or type, or for one multi-engine class or type, on (date): Aircraft type I further certify that I have verified that the applicant conrequirements for the grant of the extension of the certificate. Name of examiner: Authorising competent authority:	to be completed by the examiner or extension of instruction privileges e and registration: nplies with all the qualification, training and experience Examiner N°

Synthetic Flight Instructor – Aeroplane / Helicopter

Flight experience and pre	erequisite			to be completed by the applicant		
		Route sectors or LOFT on the applicable type, as a pilot or as an observer within the last 12 months preceding the application:		Hours of flight time on the flight deck of the applicable type, as a pilot or as an observer within the last 12 months preceding the application:		
Extension to further type	SFI(A)		SFI(H)	Flight time on helicopters:		
				Flight time on multi-pilot helicopters:		
				Flight time as PIC on single-pilot multi-engine helicopters:		
MPL	Total flight	time in multi-crew operations:				
Contratio Flight Instructs	" a d d!t! a a	al training				
Synthetic Flight Instructo	r addition		by the AT	ΓΟ having conducted the training		
I certify that (applicant)						
has satisfactorily completed	d a training	in accordance with Part-FCL for (Ple	ase detail th	ne training hereunder)		
extension to fur	ther type in	n same aircraft category: (please spe	cify type)			
☐ MPL instruction	☐ IR ir	nstruction (IRI training course)				
Date course started:		Date course con	npleted:			
		:				
Competent authority issuing	g approval	;				
Name of person having the	rights to e	engage the responsibility of the ATO:				
Signature: Date:						
Supporting documentation require	d with the ap	plication: Copy of Part-ORA ATO approve	al certificate	(if ATO is not approved by the Belgian CAA)		
Confirmation of assessm	ent of co	mpetence	;	to be completed by the examiner		
I certify that (applicant)						
		sment of competence for extension of				
to a further type	in same a	ircraft category (please specify type)	:			
☐ for IR,						
on (date):						
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 extension of the certificate.						
Name of examiner:	Name of examiner: Examiner N°					
Signature (examiner):						
Supporting documentation require	Supporting documentation required with the application: Copy of Part-FCL examiner's approval certificate (if examiner is not holding a Belgian licence)					

Multi-Crew Cooperation Instructor

Flight experience and pre	erequisites	to be completed by the applicant
MPL	Flight time in multi-crew op	erations:
Multi-Crew Cooperation I	nstructor additional t	raining
		to be completed by the ATO having conducted the training
I certify that (applicant)		
		ce with Part-FCL for (Please detail the training hereunder)
extension to furt	her type of FSTD: (plea	ase specify type)
☐ MPL instruction		
Date course started:		Date course completed:
Approved training organisat	ion (ATO):	ATO approval N°
Competent authority issuing	gapproval:	
Name of person having the	rights to engage the re	sponsibility of the ATO:
Signature:		Date:
Supporting documentation required	d with the application: C	opy of Part-ORA ATO approval certificate (if ATO is not approved by the Belgian CAA)

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Flight experience and pre	erequisites	to be completed by the applicant			
MPL	Flight time in multi-crew operat				
Extension to further type	Date of proficiency check for the specific aircraft type rating on an FFS of the applicable type, within the 12 months preceding the application:				
Synthetic Training Instruc	etor additional training	to be completed by the ATO having conducted the training			
•		to be completed by the ATO having conducted the training			
		vith Part-FCL for (Please detail the training hereunder)			
,	· ·	/pe)			
	ner type. (please specify ty	/pe)			
☐ MPL instruction					
Date course started:		Date course completed:			
Approved training organisat	ion (ATO):	ATO approval N°			
		nsibility of the ATO:			
rame of percent naving and	rigino to origago trio roope	noising of the ATO.			
Signature:		Date:			
Supporting documentation require	d with the application: Copy	of Part-ORA ATO approval certificate (if ATO is not approved by the Belgian CAA)			
Confirmation of instructio	n session under sunervi	sion to be completed by the instructor			
	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
• •	•	ence for extension of instruction privileges to a further type in same			
aircraft category (please specify type):					
on (date):					
FSTD identification number	:				
Name of instructor:	Instructor N°				
Authorising competent auth	ority:				

Supporting documentation required with the application:

Signature (instructor):

Date:

Copy of Part-FCL instructor's licence (if instructor is not holding a Belgian licence)

Last page	
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 sends my licence to my postal address. (this is not postal of the only).	ssible by a delivery service; by regular mail

Signature (applicant): Date: