

**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
3.0	15/04/2021	Copy of licence to add to application, update of the form	IR(EU)2020/2193

When to use this application form?

In case of applying for the revalidation or renewal 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 revalidation or renewal of one or more instructor certificates. The relevant requirements for getting a certificate revalidated or renewed 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 revalidate your FI(H) certificate, you fill in and send us "First page", "Flight instructor" page and "Last page". To renew 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 pages you need for the certificates to be revalidated or renewed.

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

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

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 Revalidation / Renewal of instructor certificates

First page

1. Application	to be completed by the applicant
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I apply for revalidation or renewal of the following instructor certificate(s):

FI Flight instructor Aeroplane Helicopter

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

SFI Synthetic flight instructor Aeroplane (please specify type):

Synthetic flight instructor Helicopter (please specify type):

MCCI Multi-crew cooperation instructor

FTI Flight test instructor

STI Synthetic training instructor Aeroplane Helicopter

2.1 Applicant details	to be completed by the applicant
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Belgian licence number: BE.FCL....., A or H

2.2 Applicant details	to be completed by the applicant
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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 current licence (double-sided)

3. Address for correspondence (if different from above)	to be completed by the applicant
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Postal address:

Town/country: Postcode:

Flight Instructor – Aeroplane / Helicopter**Flight instruction time****to be completed by the applicant**

Flight instruction in the appropriate aircraft category	Hours as FI, TRI, CRI, IRI, MI or examiner during the period of validity of the FI certificate
	Hours as FI, TRI, IRI or examiner for an IR within the last 12 months preceding the expiry date of the FI certificate

Instructor refresher training**to be completed by the ATO/DTO having conducted the training**

I certify that (applicant)
 has satisfactorily completed a FI refresher training in accordance with Part-FCL. *(Please detail the training hereunder)*

Date course started: Date course completed:

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 a FI assessment of competence on (date): including in-flight demonstration of the FI FI *, SE/IR *, ME/IR * or ME * privileges (if applicable and held by the applicant)

(* number of boxes marked with a cross)

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)

Type Rating Instructor – Aeroplane / Helicopter

Flight instruction time		to be completed by the applicant		
	TRI(A) revalidation	TRI(H) revalidation	TRI(A) renewal	TRI(H) renewal
On each of the types of aircraft for which instructional privileges are held	Date(s) of simulator instruction session(s) of at least 3 hours of a complete type rating course	Hours as FI, TRI, IRI, STI or examiners during the period of validity of the certificate	Sectors within the last 12 months preceding the application for renewal of the certificate	Hours of flight time, including take-offs and landings
	Date(s) of air exercise(s) of at least 1 hour comprising a minimum of 2 take-offs and landings	Hours as FI, TRI, IRI, STI or examiners within the last 12 months preceding the expiry date of the certificate	Sectors in FFS within the last 12 months preceding the application for renewal of the certificate	Hours of flight time in FFS or FTD 2/3

Type Rating Instructor refresher training to be completed by the ATO having conducted the training

I certify that (applicant)
has satisfactorily completed a TRI refresher training in accordance with Part-FCL. *(Please detail the training hereunder)*

Date course started: Date course completed:

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 a TRI assessment of competence on (date):

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.

Name of examiner:

Examiner N°

Authorising competent authority:

Signature (examiner/instructor): Date:

Supporting documentation required with the application: Copy of Part-FCL examiner's approval certificate (if examiner is not approved by the Belgian CAA)

Class Rating Instructor**Flight instruction time****to be completed by the applicant**

Flight instruction in the appropriate aircraft category	Hours as CRI on single-engine aeroplanes during the period of validity of the certificate
	Hours as CRI on multi-engine aeroplanes during the period of validity of the certificate

Class Rating Instructor refresher training**to be completed by the ATO having conducted the training**

I certify that (applicant)
 has satisfactorily completed a CRI refresher training in accordance with Part-FCL. *(Please detail the training hereunder)*
 Date course started: Date course completed:
 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 a CRI assessment of competence on (date):
 including in-flight demonstration of the SE * or ME * privileges *(if held by the applicant)*
 (* number of boxes marked with a cross)
 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)

Instrument Rating Instructor – Aeroplane / Helicopter

Flight instruction time **to be completed by the applicant**

Flight instruction in the appropriate aircraft category	Hours as FI, TRI, CRI, IRI, MI or examiner during the period of validity of the certificate
	Hours as FI, TRI, IRI or examiner for an IR within the last 12 months preceding the expiry date of the certificate

Instrument Rating Instructor refresher training **to be completed by the ATO having conducted the training**

I certify that (applicant)
has satisfactorily completed an IRI refresher training in accordance with Part-FCL. *(Please detail the training hereunder)*
Date course started: Date course completed:
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 IRI assessment of competence on (date):
including in-flight demonstration of the SE/IR * or ME/IR * privileges *(if held by the applicant)*
(* number of boxes marked with a cross)
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)

Synthetic Flight Instructor – Aeroplane / Helicopter

Flight instruction time to be completed by the applicant

On each of the types of aircraft for which instructional privileges are held	Hours as instructors or examiners in FSTD during the period of validity of the certificate
	Hours as instructors or examiners in FSTD within the last 12 months preceding the expiry date of the certificate
	Date(s) of the proficiency check(s) for the issue of the specific aircraft type rating(s) representing the type(s) for which privileges are held

Synthetic Flight Instructor refresher training to be completed by the ATO having conducted the training

I certify that (applicant)
has satisfactorily completed a SFI refresher training in accordance with Part-FCL. *(Please detail the training hereunder)*

Date course started: Date course completed:

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 a SFI assessment of competence 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 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)

Multi-Crew Cooperation Instructor/Synthetic Training Instructor/Flight Test Instructor

Flight instruction time		to be completed by the applicant	
STI		FTI	
Hours instruction as part of a complete CPL, IR, PPL or class or type rating within the last 12 months preceding the expiry date of the certificate		Hours of Flight Test during the period of validity of the certificate	
Date(s) of the proficiency check(s) in FSTD for the appropriate class or type of aircraft		Hours of Flight Test within the last 12 months preceding the expiry date of the certificate	
.....		Hours of Flight Test flight instruction within the last 12 months preceding the expiry date of the certificate	

Synthetic Training Instructor refresher training to be completed by the ATO conducting the training

I certify that (applicant) has satisfactorily completed a STI refresher training in accordance with Part-FCL. (Please detail the training hereunder)

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:

Signature (instructor): Date:

FSTD technical training for MCCI renewal to be completed by the ATO conducting the training

I certify that (applicant) has satisfactorily completed a technical training related to FNPT II/III MCC , FTD 2/3 or FFS . (Please detail the training hereunder)

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:

Signature (instructor): 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 instruction session under supervision to be completed by the instructor

I certify that (applicant) has satisfactorily completed a session under supervision on (date): as MCCI , STI or FTI .

Aircraft type and registration: or

FSTD identification number:

Name of instructor: Instructor N°

Authorising competent authority:

Signature (instructor): Date:

Supporting documentation required with the application: Copy of Part-FCL instructor's licence (if instructor is not approved by the Belgian CAA)

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.

Signature (applicant): Date: