

**BALLOONS - Application form
Part-BFCL Balloon pilot licence**

Date of reception:

First page

1. Application		to be completed by the applicant	
First issue <i>(tick as applicable)</i>	I hereby apply for the issue of the following: <input type="checkbox"/> Balloon pilot licence (BPL)	Class and group extension(s): <i>(tick as applicable)</i>	I hereby apply for the class/group extension(s) of the following: <input type="checkbox"/> Hot-air balloons / Groups: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Gas balloons <input type="checkbox"/> Hot-air airships
Additional privilege(s): <i>(tick as applicable)</i>	I hereby apply for the additional privilege: <input type="checkbox"/> Night rating <input type="checkbox"/> Tethered hot-air balloon flight rating <input type="checkbox"/> Commercial operation rating for <i>(tick the applicable class)</i> : <input type="checkbox"/> Hot-air balloons <input type="checkbox"/> Gas balloons <input type="checkbox"/> Mixed balloon <input type="checkbox"/> Hot-air airships		
Instructor certificate: <i>(tick as applicable)</i>	I hereby apply for the issue of the following: <input type="checkbox"/> FI(B)	Extension(s) of privileges: <i>(tick as applicable)</i>	I am applying for extension of privileges of my instructor certificate: <input type="checkbox"/> Tethered hot-air balloon flight rating <input type="checkbox"/> Night rating <input type="checkbox"/> FI

2.1 Applicant details to be completed by the applicant

Belgian licence number: BE.BFCL.....

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:

4. Medical fitness to be completed by the applicant

Note: Your medical certificate must be valid on the licence or class extension or additional privileges issue date.

Supporting documentation required with the application: Copy of Part-MED medical certificate

BPL course

Confirmation of theoretical knowledge examination

to be completed by the applicant

I have taken my theoretical examination with the following competent authority:

Supporting documentation required with the application:

Certified copy of theoretical knowledge examination results (if not taken with the Belgian CAA)

BPL course details

to be completed by the training organisation (ATO/DTO)

I certify that (applicant) has satisfactorily completed a course of training in accordance with Part-BFCL and the approved course curriculum for the grant of a Balloon Pilot Licence. I further certify that I have examined the applicants flying logbook and that the entries in them meet in full the flying experience requirements for the grant of a Balloon Pilot Licence.

Date course started: Date course completed:

The course consisted of: (refer to point BFCL.130 BPL)

..... Total flight instruction hours

..... Hours dual flight instruction

..... Date of supervised solo flight time

..... Duration (in minutes) of supervised solo flight time

..... Total inflations

..... Total take-offs and landings

Training organisation (ATO/DTO): ATO/DTO approval N°

Competent authority issuing approval:

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

Signature: Date:

Supporting documentation required with the application:

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

Class extensions and additional privileges

Hot-air balloons extension of privileges – Flying experience

to be completed by the applicant

..... hours of flight time as PIC on balloons

Hot-air balloons extension of privileges

to be completed by the instructor FI(B)

I certify that (applicant) has satisfactorily completed additional training for: A B C D group within the hot-air balloon class:

..... Number of instruction flights on a balloon of the relevant group

Name of instructor: Licence number:

Authorising competent authority:

Signature: Date:

Supporting documentation required with the application:

Copy of Part-BFCL instructor licence (if instructor is not approved by the Belgian CAA)

Extension to another balloon class

to be completed by the training organisation (ATO/DTO)

I certify that (applicant) has satisfactorily completed additional training for: Hot-air balloons Gas balloons Hot-air airships

Date course started: Date course completed:

The course consisted of:

..... Number of instruction flights

..... Hours dual flight instruction

Training organisation (ATO/DTO): ATO/DTO approval N°

Competent authority issuing approval:

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

Signature: Date:

Supporting documentation required with the application:

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

Additional ratings

Commercial operation rating – Flying experience

to be completed by the applicant

..... hours of flight time as PIC on balloons
..... Total take-offs and landings as PIC on balloons

Night rating

to be completed by the instructor FI(B)

I certify that (applicant) has satisfactorily completed a course of training for the night rating.

The course consisted of:

..... Number of instruction flights on a balloon at night (MNM 2)
..... Duration of the first instruction flight (MNM 1h)
..... Duration of the second instruction flight (MNM 1h)

Name of instructor: Licence number:

Authorising competent authority:

Signature: Date:

Supporting documentation required with the application:

Copy of Part-BFCL instructor licence (if instructor is not approved by the Belgian CAA)

Tethered hot-air balloon flight rating

to be completed by the instructor FI(B)

I certify that (applicant) has satisfactorily completed a course of training for the tethered hot-air balloon flight rating.

The course consisted of:

..... Number of tethered hot-air balloon instruction flights (MNM 2)

Name of instructor: Licence number:

Authorising competent authority:

Signature: Date:

Supporting documentation required with the application:

Copy of Part-BFCL instructor licence (if instructor is not approved by the Belgian CAA)

Instructor certificate**Initial FI(B) – Recency requirements**

to be completed by the applicant

Within the preceding 24 months:

..... hours of flight time on balloons

..... take-offs and landings on balloons

..... Date of training flight of at least 1 hour with an instructor FI(B)

OR within the preceding 24 months:

..... Date of proficiency check with an examiner FE(B)

Initial FI(B) – Prerequisites Flying Experience

to be completed by the applicant

..... hours of flight time as PIC on balloons

..... hours of flight time as PIC on balloons of the relevant group

FI Pre-entry assessment

to be completed by the instructor FI(B) who conducted the flight test

I recommend (applicant) for the Flight instructor course.

Date of satisfactory pre-entry flight test:

Training organisation (ATO/DTO): ATO/DTO approval N°

Name of Flight Instructor who conducted flight test:

Licence N° Competent authority issuing licence:

Signature: Date:

Training course

to be completed by the training organisation (ATO/DTO)

I certify that (applicant) has satisfactorily completed a training course in accordance with Part-BFCL for the Flight Instructor certificate.

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 TRI IRI MCCI SFI FTI

The course consisted of hours of teaching and learning and;

..... hours of theoretical knowledge instruction and;

..... hours of flight instruction, including take-offs and landings.

Training organisation (ATO/DTO): ATO/DTO approval N°

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

Signature: Date:

Supporting documentation required with the application:

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

Extension Instructor certificate

Extension FI(B) FI – Prerequisites Flying Experience to be completed by the applicant

..... hours of flight time as instructor on balloons

Extension FI(B) FI – Confirmation of instruction session under supervision to be completed by the FI(B)

I certify that (applicant)

has satisfactorily demonstrated the ability to instruct for FI:

on (date): Balloon registration:

Name of instructor: Instructor N°

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

Signature (instructor): Date:

Supporting documentation required with the application:
Copy of Part-BFCL instructor's licence (if instructor is not holding a Belgian licence)

Flight instructor additional training to be completed by the training organisation (ATO/DTO)

I certify that (applicant)

has satisfactorily completed a training in accordance with Part-BFCL for *(Please detail the training hereunder)*

Tethered hot-air balloon flight rating Night rating

Date course started: Date course completed:

Training organisation (ATO/DTO): ATO/DTO approval N°

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

Signature: Date:

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

Confirmation of skill test

to be completed by the examiner

I certify that (applicant) has satisfactorily completed a:

BPL skill test

BPL skill test pass date:

Name of examiner: Examiner N°

Authorising competent authority:

Examiner's signature: Date:

Commercial operation rating skill test

Commercial operation rating for:

Hot-air balloons Gas balloons Hot-air airships skill test pass date:

Name of examiner: Examiner N°

Authorising competent authority:

Examiner's signature: Date:

Extension to another class skill test

Extension to another class skill test pass date:

Name of examiner: Examiner N°

Authorising competent authority:

Examiner's signature: Date:

Confirmation of assessment of competence

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

Balloon registration:

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 on this form is correct.

I declare not having a licence issued by another EASA Member State, having applied for such a licence or such a licence having been revoked or suspended

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: