

Application for Part-FCL pilot licence
Conversion of an existing JAR-FCL licence issued by Belgium

Date of reception:

False representation statement

Any incorrect information could disqualify the applicant from taking any examination or being granted a personnel licence, certificate, rating, authorisation or attestation.

1. Applicant details to be completed by the applicant

Title: Forename(s): Surname:

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

Town of birth: Country of birth:

Permanent address:

..... Postcode:

Telephone: Alternative telephone number:

E-mail: Fax number:

Supporting documentation required with the application:

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

2. Address for correspondence (if different from above) to be completed by the applicant

Postal address:

.....

..... Postcode:

3. Particulars of Belgian licences held to be completed by the applicant

Type/Class of licence	Licence number	Expiry date

Supporting documentation required with the application:

Copy of Belgian licences

4. Application	to be completed by the applicant
<p>I am applying for the following Part-FCL licence:</p> <p>Light aircraft pilot licence (LAPL) Aeroplanes <input type="checkbox"/> Helicopters <input type="checkbox"/></p> <p>Private pilot licence (PPL, SPL, BPL) Aeroplanes <input type="checkbox"/> Helicopters <input type="checkbox"/></p> <p>Commercial pilot licence (CPL) Aeroplanes <input type="checkbox"/> Helicopters <input type="checkbox"/></p> <p>Airline transport pilot licence (ATPL) Aeroplanes <input type="checkbox"/> Helicopters <input type="checkbox"/></p> <p>on the basis of my JAR-FCL licence issued by Belgium</p> <p>Examiner certification held <input type="checkbox"/> (Please include details in Section 6)</p> <p>I wish to be issued with an annex to the Part-FCL licence to hold a type rating for Annex II aircraft <input type="checkbox"/> (Please include details in Section 7)</p>	

5. Medical fitness			to be completed by the applicant
Class of medical certificate held	Date of last medical	Expiry date	CAA use only
<p>Note: Your medical certificate must be valid on the licence issue date.</p> <p>Supporting documentation required with the application: <div style="text-align: right;">Copy of Part-MED medical certificate (Class LAPL, 1 or 2)</div> </p>			

9. Instructor certificates held to be completed by the applicant

Please give the date of the most recent revalidation or renewal of instructor certificate held and indicate the instructor privileges previously or currently being exercised..

Instructor certificate held	Date of revalidation	Expiry date of certificate	Examiners certificate number and name	CAA use only

with the following privileges (if applicable)

PPL CPL Night SE/IR ME/IR ME-SP FI

Aerobatic Glider towing Banner towing

Supporting documentation required with the application:

Original flying logbooks
Copy of Belgian licences

10. Declaration of applicant to be completed by the applicant

I declare that the information provided 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.

Signature (applicant): Date:

11. CAA use only

Payment type

Visa Master Card Debit card Electronic transfer

Date of issue:

Remarks:

Prepared by:

Signed by:

Evaluation box can be completed by the applicant

Please complete this box afterwards to give us your evaluation of the quality of the service provided

Good Average Poor

Remarks/comments:
.....
.....