



**Application for the issue of a pilot's licence
(Certificate of Validation, Conversion to a Part-FCL licence)
applicable for a foreign ICAO licence issued by a third country
(non EASA member state)**

Applicant last name: _____ first name: _____

date of birth: _____ nationality: _____

for Swiss citizens only: place of origin: _____ place and country of birth: _____

private address:postal code: city: street: _____

phone home: _____

e-mail: _____

invoice to be sent to: applicant company: _____

I hereby authorise the issuing Civil Aviation Authorities of my licences and medical certificates to provide all relevant information for this application to the Swiss Federal Office of Civil Aviation (FOCA)

Date and place **Applicant's signature**

<p>Requested type of licence</p> <p><input type="checkbox"/> Certificate of validation</p> <p><input type="checkbox"/> Swiss Part-FCL licence (Conversion)</p>	<p>Requested category of licence</p> <p><input type="checkbox"/> Aeroplane</p> <p><input type="checkbox"/> Helicopter</p> <p><input type="checkbox"/> Sailplane</p> <p><input type="checkbox"/> Balloon <input type="checkbox"/> gas <input type="checkbox"/> hot-air</p>	<p>Requested level of licence</p> <p><input type="checkbox"/> Private (PPL)</p> <p><input type="checkbox"/> Commercial (CPL/ATPL)</p> <p><input type="checkbox"/> IR (Instrument rating)</p>
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Details of applicant's foreign pilot's licence and ratings

Category of foreign pilot's licence: _____	No of licence: _____	Expiry date of licence (if applicable): _____
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Current qualifications and ratings: _____	Date of initial issue: _____	Expiry date(s): _____
_____	_____	_____
_____	_____	_____

State and name of issuing authority: _____	Date of initial licence issue: _____
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Type/ Class rating used for the skill test: _____	Date of last proficiency check performed on that type or class rating*: _____	Total flight experience as pilot in that type or class rating*: _____
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* Copies of the relevant logbook pages showing the record of the last proficiency check and required flight experience in accordance with Part FCL must be attached to this form.

Details of applicant's foreign ICAO medical certificate

Category of foreign ICAO medical certificate	Date of issue	Date of expiry
<input type="checkbox"/> commercial <input type="checkbox"/> private	_____	_____

Details of applicant's flight experience and flight training

Aeroplane

Total flight experience hours mins legs	Experience in the last 12 months hours mins legs	Experience in the last 6 months hours mins legs
_____	_____	_____
Total flight experience on <u>single-engine</u> aeroplanes hours mins legs	Total flight experience on <u>multi-engine</u> piston aeroplanes hours mins legs	Total flight experience on <u>multi-pilot</u> aeroplanes hours mins legs
_____	_____	_____
Experience IFR as PIC on <u>single-engine</u> aeroplanes hours mins legs	Experience IFR as PIC <u>multi-engine</u> piston aeroplanes hours mins legs	
_____	_____	

Helicopter

Total flight experience hours mins landings	Experience in the last 12 months hours mins landings	Experience in the last 6 months hours mins landings
_____	_____	_____
Experience IFR as PIC on <u>multi-engine</u> helicopters hours mins landings		

Sailplane

Total flight experience hours mins landings	Experience in the last 12 months hours mins landings	Experience in the last 6 months hours mins landings
_____	_____	_____

Balloon gas

Total flight experience hours mins landings	Experience in the last 12 months hours mins landings	Experience in the last 6 months hours mins landings
_____	_____	_____

Balloon hot-air

Total flight experience hours mins landings	Experience in the last 12 months hours mins landings	Experience in the last 6 months hours mins landings
_____	_____	_____

By signing this form, I declare:

- a) I know the relevant parts of EASA Part-FCL ¹⁾
- b) I do not possess a pilot licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another EASA Member State.
- c) I have not applied for a pilot licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another EASA Member State.
- d) I have never possessed any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another EASA Member State which was revoked or suspended in any other EASA Member State.
- e) that the information provided are correct. I am aware of the consequences of providing false information, such as being denied a license, certificate, rating, authorisation or attestation, or having it revoked or cancelled.

name: _____ signature of applicant: _____

date and place: _____

¹⁾ The relevant parts of EASA Part-FCL are available on: www.bazl.admin.ch/licences

Please refer to the existing FOCA [Checklists](#) for the necessary documentation to enclose with this application.

Do not send this form without all the necessary documents referred to checklist!