



**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: \_\_\_\_\_ Place and country of birth: \_\_\_\_\_

Place of origin (for Swiss citizens only): \_\_\_\_\_

**Private address:** Street/box: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employed as pilot by (company name): \_\_\_\_\_

**Company address:** \_\_\_\_\_

Invoice and licence to be send to:  company  applicant

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

**Requested type of licence**

- Certificate of validation
- Swiss Part-FCL licence (Conversion)
- Certificate of validation limited for 28 days per calendar year (applicable for private pilot licences only)

**Requested category of licence**

- Aeroplane
- Helicopter
- Sailplane
- Balloon Hot-air
- Balloon Gas

**Requested level of licence**

- Private (PPL, SPL, BPL)
- Commercial (CPL/ATPL)
- IR (Instrument rating)

**Details of applicant's foreign pilot licence and ratings**

Category of foreign pilot licence: \_\_\_\_\_ No. of licence: \_\_\_\_\_ Expiry date of licence (if applicable): \_\_\_\_\_

Current qualifications and ratings: \_\_\_\_\_ Date of initial issue: \_\_\_\_\_ Expiry date(s): \_\_\_\_\_

State and name of issuing authority: \_\_\_\_\_ Date of initial licence issue: \_\_\_\_\_

Type or 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\*: \_\_\_\_\_

\* 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: \_\_\_\_\_

commercial

private

*ADMINISTRATIVE INFORMATION – FOR FOCA ONLY*

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## Details of applicant's flight experience and flight training

### Aeroplane

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

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Total flight experience on <u>single engine</u> aeroplanes		Total flight experience on <u>multi engine</u> aeroplanes		Total flight experience on <u>multi pilot</u> aeroplanes	
hours/mins	landings	hours/mins	landings	hours/mins	landings

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Experience IFR as PIC on single engine aeroplanes		Experience IFR as PIC on multi engine aeroplanes		Experience IFR as PIC on multi pilot aeroplanes	
hours/mins	landings	hours/mins	landings	hours/mins	landings

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### Helicopter

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

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Experience IFR as PIC on helicopters	
hours/mins	landings

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### Sailplane

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

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### Balloon gas

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

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### Balloon hot-air

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

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### By signing this form, I declare:

- I know the relevant parts of EASA Part-FCL.
- 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.
- 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.
- 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.
- The information provided is correct. I am aware of the consequences of providing false information such as having been denied or having had a revoked or cancelled licence, certificate, rating, authorisation or attestation.

Date and place:

Signature of applicant:

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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 the check list!**