

Date of last proficiency check performed on that type or class rating (if applicable):

(enclose last record of proficiency check with this application)

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	_____	_____

Information concerning flight or type rating instructor responsible.

(information only necessary for training flight permit)

last name:	first name:	date of birth:
_____	_____	_____

EASA Part-FCL Licence no:	Class or type rating validity:	EASA Part-MED medical validity:
_____	_____	_____

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 legs	hours mins legs	hours mins legs
_____	_____	_____

Total flight experience on the type or class rating which will be used for short term permit	Experience in the last 12 months on the type or class rating which will be used for short term permit	Experience in the last 6 months on the type or class rating which will be used for short term permit
hours mins legs	hours mins legs	hours mins legs
_____	_____	_____

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
_____	_____	_____

Total flight experience on the type rating which will be used for short term permit	Experience in the last 12 months on the type rating which will be used for short term permit	Experience in the last 6 months on the type rating which will be used for short term permit
hours mins landings	hours mins landings	hours mins landings
_____	_____	_____

Please refer to the existing FOCA checklists for the necessary documentation to enclose with this application.

[Checklists](#)

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