



**Application for the conversion of a national
Swiss licence to a Part-SFCL licence - SPL**

**Applicant's Swiss
licence number**

Applicant : Last name: _____ First name: _____ Date of birth: _____
Place of birth: _____ Place of origin: _____ Nationality: _____
Address: Street/box: _____
Postal code: _____ City: _____ Country: _____
Phone: _____ e-mail: _____

**Summary of conditions for conversion of a national Sailplane pilot licence to a Part-SFCL SPL.
Requirements:**

- ☐ Valid medical certificate Part-MED class 2 or LAPL (enclose copy of the valid medical);
- ☐ Theoretical examination 090 communication;
- ☐ Demonstrate knowledge of the relevant parts of EASA Part-SFCL (see below);
- ☐ Recency requirements acc. Part-SFCL.160 SPL (**enclose the relevant copies of the flight book or the proficiency check**);

Sailplanes, excluding TMGs within the last 24 months	<input type="checkbox"/> 5 hours on sailplanes	hours:.....
	<input type="checkbox"/> 15 launches	launches:.....
	<input type="checkbox"/> 2 training flights with an FI(S)	dates:.....
TMGs within the last 24 months	<input type="checkbox"/> 12 hours total on TMG and sailplanes	hours:.....
	<input type="checkbox"/> 6 hours on TMGs	hours:.....
	<input type="checkbox"/> 12 take-offs and landings on TMG	ldgs:
	<input type="checkbox"/> a trainings flight of 1 hour with an instructor on TMG	date:

If not complying with the requirements above:

pass a proficiency check date:.....
or perform the flight time or take-offs and landings under the supervision of an instructor:
date:
name of instructor:
licence no:
signature of instructor:

- ☐ Copy of passport.

Demonstrate knowledge of the relevant parts of EASA Part-SFCL.

Confirmation by flight school:

Flight school name: _____ Registration no: _____
Name of instructor: _____ Licence no: _____
Location & date: _____ Signature of flight instructor: _____



Licence Nr.

To be completed by the applicant:

By signing this form, I declare that:

- 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 being denied a licence, certificate, rating, authorisation or attestation, or having it revoked or cancelled.

Date and place _____ Signature of applicant: _____

Please send this application to sb_lizenzen@bazl.admin.ch