

Swiss Confederation

Federal Department of the Environment, Transport, Energy and Communications DETEC

Federal Office of Civil Aviation FOCA

Safety – Division Flight Personnel 3003 Bern

Application for the issue of a short term permit
(30 days limited special permit)
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:posta	I code: city:	street:				
phone:						
e-mail:						
invoice to be sent to:	☐ applicant ☐ d	company:				
•	the issuing Civil Aviation Au ant information for this appli	_				
Date and place	,	Applicant's signature				
Requested type	of permit		Requested (category of permit		
☐ Ferry Flight F	-		☐ Aeroplane			
☐ Technical and Maintenance Flight Permit			☐ Helicopter			
☐ Training Flig	ht Permit					
Special Flight	t Permit TRI					
Details of flight(s	s) / operation					
Type/Class rating	description:	Tail Number (HB-	registration):			
_		HB-				
Airport/State of de	eparture:	Airport/State of ar	rival:	Routing:		
Start date of flight(s)/operation:		End date of flight(s)/operation:			
Details of applic	ant's foreign pilot's lice	ence and ratings				
Category of foreign pilot's licence:		No. of licence:		Expiry date of licence (if applicable):		
State and name of	of issuing authority:	Date of initial licer	nce issue:			
Expiry date of the Type:	type or class rating whic	ch will be used under H Class:	B-registration	n (if applicable):		

Date of last proficiency check per (enclose last record of proficiency check with this		on that t	ype or class rating	(if applica	ıble):		
Details of applicant's foreign ICA	O medica	al certific	cate				
Category of foreign ICAO medical of	Date of	issue	Date	Date of expiry			
□ commercial □ private				_			
Information concerning flight or (information only necessary for training flight)			-	data	_£ la imbla .		
last name:		first na	me:	date	of birth:		
EASA Part-FCL Licence no:	Class	or type rating validity	r: EASA	EASA Part-MED medical validity:			
Details of applicant's flight expen	rience and	d flight t	raining				
Aeroplane Total flight experience hours mins legs	Experie hours	nce in the	e last 12 months legs	Expe hours		e last 6 months legs	
on the type or class rating which on the ty		nce in the last 12 months ype or class rating which used for short term permit mins legs		on the	Experience in the last 6 months on the type or class rating which will be used for short term permit hours mins legs		
Helicopter Total flight experience hours mins landings	Experie hours	nce in th	e last 12 months landings	Expe hours		e last 6 months landings	
on the type rating which will on the t		ence in the last 12 months ype rating which will I for short term permit mins landings		on the	Experience in the last 6 months on the type rating which will be used for short term permit 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!