Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

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:postal code: city: street:

phone:

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**

Requested type of permit

- ❑ Ferry Flight Permit
- ❑ Technical and Maintenance Flight Permit
- ❑ Training Flight Permit
- ❑ Special Flight Permit TRI

Requested category of permit

- ❑ Aeroplane
- ❑ Helicopter

Details of flight(s) / operation

Type/Class rating description: Tail Number (HB-registration): HB-

Airport/State of departure: Airport/State of arrival: Routing:

Start date of flight(s)/operation: End date of flight(s)/operation:

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):

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

Expiry date of the type or class rating which will be used under HB-registration (if applicable):
Type: Class:

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