

BELIZE DEPARTMENT OF CIVIL AVIATION P.O. BOX 367, BELIZE CITY, BELIZE, C. A.

BDCA AIM F-14 (REV 2)

APPLICATION FORM FOR FOREIGN AIRCRAFT REQUESTING TO LAND BELIZE DEPARTMENT OF CIVIL AVIATION (AIR TRANPORT DIVISION)

Procedure for entry of aircraft into Belize must be in accordance with the requirements stated in the Belize Aeronautical Information Publication (AIP) Section GEN:

THIS APPLICATION FORM MUST BE ACCOMPANIED BY COPIES OF:

1. AIRCRAFT CERTIFICATE OF AIRWORTHINESS; 2. AIRCRAFT CERTIFICATE OF REGISTRATION; 3. CREW'S MEDICAL; 4. CREW'S LICENSE 5. AIRCRAFT INSURANCE POLICY INDICATING VALIDITY & GEOGRAPHICAL AREA COVERED. 6. AIR OPERATOR'S CERTIFICATE (AOC) IS REQUIRED FOR NON-SCHEDULED FLIGHTS (CHARTERS).

| FILL OUT THE INFORMATION BELOW | | | | |
|--|--|--|--|--|
| 1. Aircraft Nationality and Registration Marks | | | | |
| 2. Type of aircraft & Serial Number | | | | |
| 3. Registered Owner of aircraft | | | | |
| 4. Name of Pilot in Command | | | | |
| 5. Pilot license number | | | | |
| 6. Purpose of flight | | | | |
| 7. Indicate medical condition (if AMBULANCE) | | | | |
| 8. Date of Operation | | | | |
| 9. Name of Airport/Country of Origin | | | | |
| 10. Date of Departure from Belize | | | | |
| 11. Name of Airport / Country of Destination | | | | |
| 12. Number of passengers | | | | |
| | | | | |

CREW AND PASSENGER DETAILS (FOR LANDING AIRCRAFT ONLY)

| NAME OF CREW | NATIONALITY | DATE OF BIRTH | PASSPORT NUMBER | ISSUE DATE OF PASSPORT | EXPIRY DATE OF PASSPORT |
|-------------------------|----------------------|------------------|--------------------|---------------------------|-------------------------|
| | | | | | |
| | | | | | |
| NAME OF PASSENGER(S) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of Person or | agency making the re | quest | | | |
| Date of Request | | | | | |
| Cianatura of Darson | making the request | | | | |

FOR OFFICIAL USE ONLY (BELIZE DEPARTMENT OF CIVIL AVIATION)

| Reviewed by AIS Unit: | |
|-----------------------------------|--|
| Clearance / Authorization Number: | |
| Date of Issue: | |
| Date of Submission to MOH: | |