



**BELIZE DEPARTMENT OF CIVIL AVIATION
APPLICATION FORM FOR PILOT LICENSE / FOREIGN LICENSE VALIDATION
(INITIAL AND RENEWAL)**

Section I General Information: To be filled by the applicant

A. Applicants full name: _____

B: Date of Birth: _____
Month Day Year

C. Place of Birth: _____

D. Address (Mailing): _____

E. Nationality: _____

F. Gender: Male Female

G. Contact: Phone No. _____
E- mail _____

Section II. State aviation licenses held

A. Type and number of License: _____

B. Class/Rating on License: _____

Section III. License Process

Initial Issue Renewal Additional Rating Validation

The applicant must place a check in the boxes applicable

A. State the Belizean license, or rating requested:

Category: Airplane Helicopter

Private Pilot License Class: _____

Commercial Pilot License Type: _____

Airline Transport Pilot License

Instrument rating

Agriculture rating

Instructor rating (A or H) Ground or Flight

B. Validity of medical certificate:

Class of Medical: _____ Issued by: _____

Date of Issue: _____ Date of Expiry: _____

C. Aircraft flown during the last Flight Test: Type/Reg/Date: _____



Section IV. Record of total pilot time/ training on each aircraft by type for the last six (6) months

Aircraft/Rotorcraft		Single Engine Aeroplane/Rotorcraft		Instrument			
Type	PIC	Day		Night PIC/DUAL	Actual	Hood	Sim
		PIC	DUAL				
1.							
2.							
3.							
4.							
5.							
Multi- Engine Aeroplane/Rotorcraft				Flight Instructor/Examiners			
Day		Night		Type	PIC/DUAL		
Type	PIC/DUAL	PIC	DUAL				
1.							
2.							
3.							
4.							
TOTAL FLIGHT TIMES		HRS.	MIN.				
Flight Instructor's Total Time							
Six Months Total Time							
Grand Total Time				Applicant's Signature:			Date:

*Applicants declaration: I _____ hereby declare that the information signed and the entries made in this application are true and accurate to the best of my knowledge. I also give authority to the Licensing unit personnel to request verification of my foreign issued license with the issuing authority.

1. Record of pilot time.

If decimal points are used, be sure they are legible. Flight Instructor flying and Flight Examiner's flying time must also be entered by the Flight Instructor and Flight Examiner applying for Issuance of a FI or FE Rating. You should fill in the blocks that apply and write N/A in the blocks that do not apply

Grand Total Time is the applicant's total flying experience. Applicant must present logbook.

2. It is an offence to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any license. Any person doing so renders him/herself liable on summary conviction to a fine or revocation of any license granted or both.



• **Mandatory for Initial Issue of Pilot License**

Section V. State training in support of license or rating

A. Type and number of License: _____

B. Issuing Authority: _____

C. Ratings in License: _____

D. Validity of License: _____

E. Country of training: _____

F. Training Institution: _____

G. Dates of training completed: _____

H. Institution where examination was conducted: _____

I. Aerodrome used for flight examination: _____

J. Name of Flight Instructor / Examiner and License Number: _____

K. Type and Registration of aircraft used for the testing: _____

L. Have You provided proof of training: Yes or No

M. Do you speak and understand English? _____

Language Proficiency Level: _____



Section VII. For Licensing Officer use only

1. Name of BDCA Inspector/Designated Examiner that conducted Skill Test: Designation number: Expiry Date

2. I have reviewed the applicant's pilot logbook and/or training record and found the following:

Approval:

Application Approved:

Application not Approved:

(If application not approved disclose reason in comments)

3. Comments (Include date of the entry):

Attachments

Initial Issue:

Renewal:

-----Copy of Pilots log book (last six months flight activity)

-----Copy of Proficiency/Biannual Flight Review

-----Copy of Pilot's Training Record

---Copy of logbook (last six months flight activity)

-----Copy of foreign pilot license

---Belizean Medical Certificate

----- Copy of foreign pilot medical

---Payment

----- Copy of Belizean Pilot's Medical Certificate

---- Payment

Applicant's Identification

Name: _____

Date of Birth: _____

Form of ID and ID Number: _____

ID Expiration date: _____

BDCA Inspector/Licensing officer:

Name, Title: _____

Signature: _____

Date: _____