



**BELIZE DEPARTMENT OF CIVIL AVIATION
APPLICATION FORM FOR STUDENT PILOT AUTHORIZATION (INITIAL AND RENEWAL)
AND STUDENT PILOT LICENSE (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 _____

H. Application Process	<input type="checkbox"/>	Airplane	<input type="checkbox"/>	Helicopter	<input type="checkbox"/>
Student Pilot Authorization	<input type="checkbox"/>				
Student Pilot License	<input type="checkbox"/>				

I. Validity of medical certificate:
Class of Medical: _____
Date of Issue: _____
Issued by: _____
Date of expiry: _____

* 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.

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 authorization or license. Any person doing so renders him/herself liable on summary conviction to a fine or revocation of any license granted or both.

APPLICANTS SIGNATURE: _____

DATE: _____



Section II. For Licensing Officer use only

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

1. Approval:

Application Approved:

Application not Approved:

(If application not approved disclose reason in comments)

2. Comments (Include date of the entry):

Attachments

- Copy of Passport/Social Security
- Certificate of Pilot's medical Certificate
- Copy of Pilot's Logbook
- 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: _____