



**BELIZE DEPARTMENT OF CIVIL AVIATION  
APPLICATION FOR THE GRANT OR EXTENSION OF AN AIRCRAFT  
MAINTENANCE ENGINEER'S LICENSE**

**1. PERSONAL DETAILS**

Surname .....	First Name .....
Title .....	D.O.B. ....
Nationality .....	Town ..... Country .....
Permanent Address ..... .....	
Telephone (Cel) .....	Telephone (Home) .....
Name of Employer .....	Date of Joining .....
Employed at .....	Telephone Number .....

**2. CATEGORY (IES) APPLIED FOR**

This section must be completed

License Without Type Rating(s) – please tick appropriate box (es)

**Cat LWTR**

- A Aeroplanes 1
- C Piston Engines- Aeroplanes
- C Turbine Engines-Aeroplanes
- AC Piston-Engine Rotorcraft
- AC Turbine-Engine Rotorcraft
- AC Piston-Engine Airship
- B Aeroplanes
- B Rotorcraft

**Cat LWTR**

- D Piston Engine (overhaul)
- X Compass Compensation & Adjustment
- X Electrical
- X Instruments
- X Autopilots – Aeroplanes
- X Autopilots – Rotorcraft
- R Radio communication/navigation
- R Radio Radar



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<b>3. EXPERIENCE</b>				
Column (4) shall be completed for each block of experience shown by a person in a managerial position, <b>(such as the quality manager, chief engineer or, in the case of a training organization, the training manager)</b> within the organization in which the experience was gained and who is able to verify the experience				
Type of aircraft, engine or equipment, showing the particulars relevant to the application being made  (1)	Precise nature of work, and name of person and their managerial position  State the name of employer and place of employment  (2)	(3) Dates From                      To		Signature of reference and name in capitals, to be signed by person by person quoted in column (2)  (4)



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**3. EXPERIENCE (Cont'd)**

Column (4) shall be completed for each block of experience shown by a person in a managerial position, **(such as the quality manager, chief engineer or, in the case of a training organization, the training manager)** within the organization in which the experience was gained and who is able to verify the experience

(1) Type of aircraft, engine or equipment, showing the particulars relevant to the application being made	(2) Precise nature of work, and name of person and their managerial position  State the name of employer and place of employment	(3) Dates		(4) Signature of reference and name in capitals, to be signed by person by person quoted in column (2)
		From	To	



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**4. REFEREE**

This section is to be completed in all cases by the Referee who confirms the current period of experience in Section 4, column (4). This certification shall normally be made by a person in a managerial position, such as the quality manager or chief engineer, within the organization in which the experience was gained who is able to verify the experience and who has had regular professional contact with the applicant for at least 12 months

I hereby declare that to the best of my knowledge the information given by the applicant is true. The attached documents are true copies of the originals. (Each document should have the following statement "I certify this to be true copy followed by your signature and you must ensure that you see the original before making this statement). You should ensure that the applicant cannot add statements to section 4 after you have signed the document.

If the application is also being made for a type rating please complete statement (i) or and (ii) as applicable

(i) I hereby certify that I am not aware of any reason why should not be granted a Type Rating in respect of Category

(ii) This applicant being in the employment of .....has received type training required by BCAR APL Part 10 appropriate to his responsibilities as a Licensed Engineer

Name of Referee (Block Letter).....

Signature of referee.....

Position of Status .....

License Number .....

**It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, license, approval, permission or other document.**

**5. DECLARATION OF APPLICANT**

I declare that the information provided on this form is correct

Signature .....

Date .....

6. For Licensing Office Use Only

LWTR Examination	
1. BCAR's Regulation Exam	<input type="checkbox"/>
2 Engineer General	<input type="checkbox"/>
3. Engineer Airframe	<input type="checkbox"/>
4. Engineer PowerPlant	<input type="checkbox"/>
Essay Question	<input type="checkbox"/>
Oral Examination	<input type="checkbox"/>

Applicant's Identification

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Form of ID and ID Number: \_\_\_\_\_

ID Expiration date: \_\_\_\_\_

1.Approval:

Application Approved:

Application not Approved:

(If application not approved disclose reason in comments)

2.Comments (Include date of the entry):

BDCA Inspector/Licensing officer: Name, Title:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_