



**BELIZE DEPARTMENT OF CIVIL AVIATION**  
**APPLICATION FORM FOR AIR TRAFFIC CONTROLLER LICENSE AND FLIGHT OPERATION**  
**OFFICER**  
**(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. License Process  
Initial Issue     Renewal     Additional Rating

**Section II. State the Belizean license, or rating requested:**

Air Traffic Controller       Flight Operations Officer

- 1. Aerodrome control
- 2. Approach control
- 3. Approach control surveillance

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

J. Has your license been revoked or suspended? \_\_\_\_\_  
if yes, Date: \_\_\_\_\_



**Section III. State aviation licenses held.**

- A. Type and number of License: \_\_\_\_\_
- B. Issuing Authority: \_\_\_\_\_
- C. Rating in License: \_\_\_\_\_
- D. Validity of License: \_\_\_\_\_

**Section IV. State training in support of license or rating:**

- A. Country of training: \_\_\_\_\_
- B. Training Institution: \_\_\_\_\_  
\_\_\_\_\_
- C. Dates of training completed: \_\_\_\_\_
- D. Have You provided proof of training: Yes or No
- E. Do you speak and understand English? \_\_\_\_\_  
Language Proficiency Test: \_\_\_\_\_

\* 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 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: \_\_\_\_\_



**Section V. For Licensing Officer use only**

I have reviewed the applicant's 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
- Copy of Medical Certificate
- Certificate of Completion
- Proof of Experience (Initial)
- Payment

BDCA Inspector/Licensing officer:

Name, Title: \_\_\_\_\_

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

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

Name of Authority: \_\_\_\_\_