

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

## **FOREIGN PILOTS INFORMATION SHEET**

| Date:  |                                      |                              |
|--|--------------------------------------|------------------------------|
| This form is to be TYPEWRITTEN and filled out by photo must be well visible) and applicant's Nationathis form.       |                                      |                              |
| NAME (full name, first middle and last name)   |                                      |                              |
| DATE OF BIRTH (Day/Month/Year)   |                                      |                              |
| COUNTRY OF BIRTH   |                                      |                              |
| PASSPORT NUMBER & Country  |                                      |                              |
| NATIONALITY  |                                      |                              |
| SOCIAL SECURITY NUMBER / NATIONAL IDENTIF  | <del></del> -                        | (Check which is              |
| HOME ADDRESS Full Details (Street, Town, City, Country) over the   | past 5 years                         |                              |
|  |                                      |                              |
| LOCAL ADDRESS (Belize) (Belize address to be residing) Full Deta<br>Town, City, Country,<br>Telephone #)             | ails (House Number, Name of dwelling | g, Apartment number, Street, |
| PREVIOUS EMPLOYER or TRAINING INSTITUTION  Full Details (Street, Town, City, Country, Telephone #, Name of a Referen | Check which is appli                 | cable)                       |
| PRESENT/ INTENDED EMPLOYER Full Details (Street, Town, C   | ity, Country, Telephone #, Email)    |                              |
| Signature of the Applicant   | Host Airline Compa                   | any Stamp:                   |

Page 1

BDCA- FORM APL-3240 Issue: 1 Revision: 0

18/05/2018