

Federal Office for Civil Aviation (FOCA)
Flight Training and Licenses Maulbeerstrasse 9 CH-3003 Bern (Switzerland) Phone +41 31 325 8039/40 Fax +41 31 325 8032

Application for the issuance of a pilot's licence/permit

| Applicants perso (please enclose readable copies of all p | | or identity car | rd) | | | | | |
|--|---------------------|--|---|------------------------|---|--|--|--|
| | | | | | | | | |
| Family name: | | First name: Place of birth: Nationality: | | | | | | |
| Date of birth: | | | | | | | | |
| Home address: (ZIP/Town/State): | | Street/no: | | | | | | |
| Private phone no: | | Business phone no: | | | | | | |
| Private fax no: | | Business fax no: | | | | | | |
| Private E-Mail: | | Business E-Mail: | | | | | | |
| Date and place: | | Applicant's signature: | | | | | | |
| Name and address of the Swiss a employed as pilot: | | Stamp of the Swiss commercial airline company, signature and licence no of Chief pilot or Chief operation: | | | | | | |
| | | | | | | | | |
| Required type of licence Certificate of validation | Require Aerop | | y of licence | | Required level of licence Private (PPL) | | | |
| Helicopter | | | Commercial (CPL/ATPL) | | | | | |
| Swiss licence | er | ☐ IR (Instrument rating) | | | | | | |
| | Ballo | on \square_{9} | gaz hot : | air | | | | |
| Details of applicant (please enclose readable copies of all p | | | | cence | and ratings | | | |
| Category of foreign ICAO pilot's licence | | No of licen | ice | Expiry date of licence | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Current qualifications and ratings foreign pilot's licence | Date of ini | tial issuance: | | Expiry date(s): | | | | |
| Class ratings: | | | | | | | | |
| | 1 = 4 = 6 + 111 + 1 | | 1 = | | | | | |
| State and name of issuing foreign authority Date of initial licer issuance | | | Expiry date of the type or class rating which will be use under HB registration number (enclose last record of proficiency check to this application) | | | | | |
| | | | Туре | | Class | | | |
| | | | Date of last proficiency check: (enclose last record of proficiency check to this application) | | | | | |

Bundesamt für Zivilluftfahrt (BAZL)
Office fédéral de l'aviation civile (OFAC)
Ufficio federale dell'aviazione civile (UFAC)
Federal Office for Civil Aviation (FOCA)
Flight Training and Licenses Maulbeerstrasse 9 CH-3003 Bern (Switzerland) Phone +41 31 325 8039/40 Fax +41 31 325 8032



| Details (please enclose | of app | licant's | foreign es of valid foreign | ICAO n | nedical | certific | ate | | |
|--|---------------|----------------------------------|---|-----------------|---------------------------------|---|----------------------------------|-------------------------|--|
| Category of foreign ICAO medical certificate | | | | Date of me | | piry date of m | piry date of medical certificate | | |
| PPL | | | | | | | <u> </u> | | |
| | | ■ CFL | MAIFL . | | | | | | |
| | | | flight ex 3 pages of the lo | | ce and | flight tr | aining | | |
| Aeroplan | ie | | | | | | | | |
| Grand total flight experience | | Experience last 12 months | | | Experience last 6 months | | | | |
| hours | minutes | legs | hours | minutes | legs | hours | minutes | legs | |
| | | | | | | | | | |
| Grand total flight experience on single engine piston aeroplanes (SEP SPA) | | | Grand total flight experience on multi engine piston aeroplanes (MEP SPA) | | | Grand total flight experience on multi pilot aeroplanes (MPA) | | | |
| hours | minutes | legs | hours | minutes | legs | hours PIC | hours COF | PI legs | |
| | | | | | | | | | |
| Holicont | | | | | | | | | |
| Helicopter Grand total flight experience | | | | | | | | ths | |
| hours | minutes | landings | hours | minutes | landings | hours | minutes | landings | |
| | | | | | | | | | |
| | | | | | | | | | |
| Glider | | | T= | | | T = | | | |
| Grand total flight experience | | | Experience ii | n the last 12 n | nonths | Experience in the last 6 months | | | |
| hours | minutes | landings | hours | minutes | landings | hours | minutes | landings | |
| | | | | | | | | | |
| Balloon | naz | | | | | | | | |
| Grand total flight experience | | Experience in the last 12 months | | | Experience in the last 6 months | | | | |
| hours | minutes | ascensions | hours | minutes | ascensions | hours | minutes | ascensions | |
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| Balloon h | | ICO. | Evnerience i | n the last 12 n | nonths | Evnerience | in the last 6 mon | ithe | |
| | | • | Experience in the last 12 months | | | | | | |
| hours | minutes | ascensions | hours | minutes | ascensions | hours | minutes | ascensions | |
| | | | | | | | | | |
| ****** Ple | ease refer to | the existing FOC | A checklists conc | erning the nec | essary docume | ntation to enclo | se to this applicat | ion form ****** | |
| I hereby author | ze the issuir | ng Civil Avation A | uthorities of my lic | rences and mo | dical certificate | s to provide all | relevant informatic | on for this application | |
| i nereby author | 25 HIC 1990II | ig Civil Avalloll A | to the Swiss Fe | | | | icicvant iiiiUiiiidlii | οπ τοι τιμό αρμιτατίστι | |
| | | | | | | | | | |
| Date and place: Applicant's signature: | | | | | | | | | |