

## **BASA EU-US** PART-FCL LICENCE APPLICATION FORM

ITEM	ICAO ANNEX 1	DESCRIPTION	In accordance with the Chicago Convention on International Civil Aviation, Article 29,c); 32,a); 40; and Annex 1 to the Convention, para 1.2.1.			
1	(i)	State of licence issue	USA			
2	(ii)	Category/Class of FAA certificate	AEROPLANES: PPL CPL ATPL			
3		Licence issue date (dd/mm/yyyy)				
4	(iv)	Full name - Last name: - First name(s):				
5	(iv a)	Date of birth (dd/mm/yyyy), or National ID number				
6	(xvi)	Other detail (for example Place of birth)				
7	(v)	Address: - Permanent address:				
		- Postal address:				
8		Contact details: - Email: - Phone number:				

			Civil Aviation, Article 29,c); 32,a	cago Convention on Internationa 32,a); 40; and Annex 1 to the		
9	(vi)	Nationality				
10	(viii)	Issuing authority (conditions under which the licence was issued, where necessary)	FAA			
11	(vii)	Valid and non-expired ratings/privileges and certificates held (Only Class or Instrument ratings)	Ratings and certificates	Issue date ( <i>dd/mm/yyyy</i> )		
12	Expired rating	ns: N/A				
13	(xiii)	Remarks, i.e., special endorsements relating to limitations, restrictions and endorsements for privileges (e.g.: language proficiency level and validity [English, others])	Special endorsements:			
			Last Flight Review in English (for language request)	Date (dd/mm/yyyy):		
			other	Date (dd/mm/yyyy):		
14	Details on completion of theoretical-knowledge or flight instruction, theoretical-knowledge examination or skill test in other Member States, if applicable : N/A					
15		Past or pending enforcement action <sup>1</sup>	Yes (If yes, please give details on a separate page.)	No		
16		Is the licence in point 2 a validation issued by the FAA on the basis of a licence issued by another Contracting State to the Chicago Convention <sup>2</sup>	Yes (Please add details hereunder)	No		
17		Initial PART-MED medical certificate:	Date of issue (dd/mm/yyyy):			
			Date of examination (dd/mm/yyyy):			
			Class:			

<sup>&</sup>lt;sup>1</sup> Item 15: specify if there is a current investigation into the medical certificate and licence, or suspension or revocation thereof. <sup>2</sup> Item 16: e.g. has it been rendered valid according 1.2.1 of Annex 1 of the Chicago Convention?

PART 2: Application for PART-FCL licence				
I,	(last name, first name)	hereby apply for a PART-	FCL licence or rating.	
Type of licence applied for:	Private Pilot lice	Private Pilot licence - Aeroplanes		
Rating's applied for:	SEP(L)	MEP(L)	Night Rating	
Holder of a PART-FCL licence:	YES	NO		
In case of holder of a PART-FCL Licence:				
a) Part-FCL license number:				
b) Type of license:				
c) State of license issue:				
Have you passed the EU theoretical-knowledge or flight instruction, theoretical-knowledge examination or skill test in another EU Member State then this one?	YES	NO		
If yes, please indicate which country:				
Theoretical Knowledge Examination:				
Flight instruction:				
Skill Test:				
Self-declaration:				
I hereby declare, that I have not submitted any other request to another competent authority of a Member State of EASA I do not hold any PART-FCL, Part-BFCL or Part-SFCL in any other Member State of EASA. I have never held any personnel license, certificate, rating, authorization or attestation with the same scope and in the same category issued in another Member State which was revoked or suspended in any other Member State. I have fully reviewed the U.SEU TIP-L <sup>3</sup> , SECTION B (dated 18/05/2021) and have submitted all of the necessary paperwork for my application to be considered. I hereby declare that the information provided on this application form is true, complete and correct to the best of my bel and knowledge. I understand and I am aware of that if the information provided is not true, this may lead to legal action under licensing law. I hereby declare, through my signature below, that I authorize the FAA to verify the contents of this applicant from information derived from my airmen record maintained by the FAA in accordance with the Privacy Act, under Privacy Act System of Record, Aviation Record on Individuals, SORN 847.				
Signature of the applicant		Date of application (dd/	mm/yyyy)	

<sup>&</sup>lt;sup>3</sup> Technical Implementation Procedures - Licensing (TIP-L) between the FAA of the U.S.A. and the European Union Aviation Agency (EASA) of the European Union

Revision:	1	PART-FCL LICENCE APPLICATION FORM FOR FAA AIRMANN	Soitor	2 year 1
Datum:	01/2022	(TIP-L 18/05/2021)	Seite:	3 von 4

## Attachments:

## a) Originals or copies of:

- · FAA pilot certificate
- valid medical certificates (FAA and EU-Part MED)
- passport or equivalent proof of identity
- · Logbook to show other relevant information, e.g. experience, the last flight review, the training performed
- Skill test form
- b) Written documentation to demonstrate the currency as stated in (11) above
- c) Any other documents as requested by the AA:
  - written statement about ongoing investigations or legal criminal proceedings
  - information from the Register of Driver Fitness
  - Certificate from the responsible Aviation Security Authority confirming reliability acc. § 7 Luftsicherheitsgesetz
  - For applicants under the age of 18, the consent of the applicant's legal representative is required.

Any incorrect information could disqualify the applicant from being granted a personnel licence, certificate, rating, authorisation or attestation. In case of doubts, the competent authority should contact the competent authority of the Member State where the applicant may have previously held any personnel licence, certificate, rating, authorisation or attestation or contact the FAA for any further information.

Revision:	1	PART-FCL LICENCE APPLICATION FORM FOR FAA AIRMANN	Seite:	1 yon 1
Datum:	01/2022	(TIP-L 18/05/2021)	Selle.	4 von 4