Application for EASA Part-FCL Pilot Licence - Conversion of an Existing National or JAR-FCL Licence Issued by the United Kingdom

Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.

Unique No. (to be completed by CAA)

Please read attached Guidance Notes before completing this form.

European Commission Regulation (EU) No. 1178/2011 as amended, requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records (Part MED.A.030 and Part FCL.015).

If your medical records are not held by the UK CAA, your application will be rejected.

FALSE REPRESENTATION STATEMENT

It is an offence under Article 231 of the Air Navigation Order 2009 to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine up to £5000, and on conviction on indictment with an unlimited fine or up to two years imprisonment or both.

1.	APPLICANT DETAILS	(The Applicant is responsible for payment of CAA charges) To be completed by the Applicant
	CAA Personal reference number (if known):	
	Title: Forename(s):	Surname:
	Date of birth (dd/mm/yyyy): Nationalit	/:
	Town of birth:	. Country of birth:
	Permanent Address:	
		Postcode:
	Telephone:	. Mobile telephone:
	E-mail:	

2. ADDRESS FOR CORRESPONDENCE (if different from above)

To be completed by the Applicant

Civil Aviation Authority

Postal Address:	
	Postcode:

3. MEDICAL FITNESS		Т	o be completed by the Applicant
Class of Medical Certificate held	Date of last Medical	Date of Expiry	CAA use only

Note: Your medical Certificate must be valid on the licence issue date. If your Medical Certificate is due to expire within 14 days after the date of application for licence issue, please complete the following

My medical examination will take place at: on:

A licence will not be issued to any person unless their medical records supporting their Part-MED medical certificate are held by an Aeromedical Centre located in the United Kingdom. European Commission Regulation (EU) No. 1178/2011 as amended, requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records (Part-MED.A.030 and Part-FCL.015).

4. PARTICULARS OF UK LI	CENCES HELD	To be	completed by the Applicant
Issuing Authority	Type/Class of Licence	Licence No.	Expiry Date

5. RATINGS HELD

To be FULLY completed by the Applicant

Please give the date of the most recent Skill Test (LST), Licensing Proficiency Check (LPC) or Revalidation by Experience for **each** type and/or class rating, to be endorsed on your Part-FCL Licence.

Rating or Certificate held	Single-Pilot (SP) or Multi-Pilot (MP)	Date of Test	Date of IR Test (if applicable)	Expiry Date of Rating	Examiners Licence Number and Name	CAA Use Only

6.	APPLICATION (See Guidance Notes) (tick as appropriate) To be completed by the Applicant
	I am applying for the following Part-FCL licence (please tick as appropriate):
	Light Aircraft Pilot Licence (LAPL)
	Aeroplanes Helicopters Sailplanes Balloons
	Private Pilots Licence (PPL)
	Aeroplane Helicopter Airship
	Sailplane Pilots Licence Balloon Pilots Licence
	Commercial Pilot Licence (CPL)
	Aeroplane Helicopter Airship
	Airline Transport Pilot Licence (ATPL)
	Aeroplane Helicopter
	On the basis of my National licence OR JAR-FCL licence issued by the United Kingdom
	Examiner Certification held Please include details in Section 5
	I wish to retain or be issued with a UK National Pilot's Licence to hold a type rating for Annex II aircraft.
	(Please note that only aircraft listed in Annex II can be endorsed on to a national pilot's licence and there will be a separate fee for the issue of a UK Pilots Licence.)

7. CONVERSION OF ADDITIONAL F	To be FULLY comp	leted by the Applicant	
Enter details of additional ratings such as Aerobatic, Mountain etc. applied for, guidance for the terms of issue are in CAP 804			
Licence Rating applied for	Show pilot's log evidence/course certificate	Date of flight to Demonstrate competence	CAA Use Only

8.	INSTRUCTOR CERTIFICATES H	IELD				To be completed by	the Applicant
	ase give the date of the most rea ileges previously or currently be		r renewal	of Instr	uctor Ratings h	eld and please indicate	e the instructor
	Instructor Rating held	Date of Revalidation	Expiry Da Ratir		Examiners L	icence Number and Name	CAA Use Only
	PPL CPL IMC		MPL(J	J1)	MPL(J2)	FIC	Night
Aerobatic Towing: Glider Banner			_				
	SP HPC(A) Aircraf	t only	Simulat	or only	Ai	rcraft and Simulator	
9.	FLYING EXPERIENCE			I		To be completed by	the Applicant
9.		as pilot			Experience C	To be completed by Claimed (hours)	
9.	FLYING EXPERIENCE Experience	as pilot		A	Experience (eroplanes	• •	
9 . i)		•		A	•	Claimed (hours)	
	Experience	Multi-Pilot Aircraft	or	A	•	Claimed (hours)	
i)	Experience As Pilot-in-Command (PIC) on N As Pilot -in-Command under Su	Multi-Pilot Aircraft pervision PIC/US aft		A	•	Claimed (hours)	
i) ii)	Experience As Pilot-in-Command (PIC) on N As Pilot -in-Command under Su Co-pilot (P2) on Multi Pilot Aircr	Multi-Pilot Aircraft pervision PIC/US aft Single Pilot Aircraft	t		•	Claimed (hours)	
i) ii) iii)	Experience As Pilot-in-Command (PIC) on N As Pilot -in-Command under Su Co-pilot (P2) on Multi Pilot Aircr As Pilot-in-Command (PIC) on S	Multi-Pilot Aircraft pervision PIC/US aft Single Pilot Aircraft	t with IFR		•	Claimed (hours)	the Applicant CAA Use Only

CAA Use Only

10. DECLARATION OF APPLICANT (tick as appropriate)	To be completed by the Applicant				
I declare that the information provided on this form is correct.					
l agree to receive:					
Flight Crew Safety material from the CAA only or Safety Material from authorised sources					
I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.					
Signature:	Date:				
PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1					
11. CAA USE ONLY					
Date of Issue	Enclosures				
Checked by					
Loaded by	Despatch/collection details				
Signed by					
12. COURIER CHARGES					
Note to all customers: All original documents submitted by the custor returned by secure courier and are subject to the appropriate charge as link "Courier Charge". The courier charge will be added to the relevant charges and payable with application.	detailed on our website; please click attached				
Should you decide that you do not wish to use the courier option, please tick the box below and all documents will be returned by normal post (Second Class). If the documents sent by normal post fail to arrive at your postal address, we will only be able to re-issue the CAA documents, 15 working days after the original date of despatch from our office. A written request and secure courier fee will also be required. The CAA is not liable for any direct or consequential loss or delay that is caused by normal postal service.					
If you wish to opt out of document return by secure courier, please tick box.					
Please note: The CAA is not liable for any direct or consequential loss or delay that is caused by the Secure Courier Service. Any damage to products received by you must be notified in writing to the CAA no later than 24 hours from the time of signing for the product(s). You must also return the damaged product(s) to the CAA no later than one week from the receipt and in return, we will reimburse the cost of postage. The CAA will assist you with your claim from the Secure Courier Service provider to recover your financial loss. Such claims will be limited to the price of replacement product(s) in line with the courier terms and conditions.					
13. CHARGES					
The charge(s) required as calculated in accordance with the CAA Person CAA Official Record Series 5) (www.caa.co.uk/ors5) to be paid on applica NB: This application will not be processed until the applicable charges	ation are enclosed herewith.				
Total charges included are: £					
Where charges are to be paid other than by the applicant, please enter t	he name of the person/company who is paying:				
 IMPORTANT NOTES: Additional Charges: Where the cost of the CAA investigations exc applicant shall pay additional charges to recover those excess costs in Scheme of Charges. Overseas Visits: If a Member or employee of the CAA is required to you are advised to read the CAA Scheme of Charges to which this ap 'Additional charge where functions are performed abroad'. All expense virtue of travelling overseas will be payable by the applicant on demain Withdrawal/Cancellation of Application: In the event that this ap cancellation charge may be levied. The cancellation charge reflects the applicant up to the point of cancellation. Please see the CAA Refunds 	ncurred by the CAA in accordance with the to travel overseas in respect of this application oplication relates and the section entitled ses incurred in pursuance of this application by nd. oplication is withdrawn by the applicant, a ne work carried out by the CAA on behalf of the				

I hereby declare that to the best of my knowledge the particulars entered on this application are accurate.

I enclose the charges payable on application in accordance with the Scheme of Charges (www.caa.co.uk/ors5).

I agree to pay any additional charges which may become payable in respect of this application under the Scheme of Charges.

Name of Applicant:

Signature of Applicant:

14. FINANCIAL DECLARATION

Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

15. SUBMISSION INSTRUCTIONS (See Guidance Notes)

After thoroughly reviewing the 'Which sections of the application form to complete' and 'Supporting documents required with the application' please send your completed application and supporting documentation to the following address:

Licensing and Training Standards, Licensing Department Aviation House Gatwick Airport South West Sussex RH6 0YR

CAA USE ONLY	Applicant's name		Dat	e of application
Department:		Conta	ct Name:	
Job No:	Folio No:	CAA /	Account Number:	
Nominal Code:	Cost Centre: .		Date receiv	ved
If payment is received b	y cheque, attach a copy to t	this applicatior	n form.	
The sum of £	has been receiv	ed by:		. Date:
Amount paid by:	Cheque	Cash	Card	Electronic Transfer*
£	£		£	£
* Receipt of Electronic 7	Transfer to be verified by Tre	easury.		
Cheque drawn against a	Iccount of:			
Bank Account No:		Sort C	Code:	
Is this part of a Compan	y payment? Yes	No	lf Yes - Total amount	paid:£
Amount to be deducted	from NATS account: £			
Enclosures:	FedE×	k paid Yes/No	Loaded by:	Signed/Despatched:
Legal Entity Details				
Company - Date of inco	orporation of Company:			
If declaration is signed o	on behalf of a Company:			
is declaration signed	by a Director or Company S	Secretary?		
if not, then does sign	atory have authority to sign			
Individual – Identificatio	on Document Details e.g. P	assport/Drivin	g Licence.	
Type of identification:				
Signature on ID checked	against Form Signature:	. Ap	propriately certified:	

PLEASE ENTER PAYMENT DETAILS ON FOLLOWING PAGE

16. PAYMENT DETAILS	
a) Payment type (please tick your chosen method of payment).	
Visa Mastercard Debit Card Cheque/Banker's Draf	t Electronic Transfer Cash (max. £200)
We do not accept American Express, Diners Club or JCB cards. Please	do not send cash by post.
b) Bank Details (for payment by Cheque/Banker's Draft)	
Cheques or Postal Orders should be made payable to 'Civil Aviation A	•
Please write the CAA Application Form No. on the reverse of your cheq Please note that any refund applicable will be paid directly to the bank a	
Name in which Bank Account held:	
Account Number:	
If overseas: IBAN Number:	
c) CAA Bank Account Details (if paying by Electronic Transfer)	Swift Code.
National Westminster Bank plc	
Bloomsbury Parr's Branch	Account Name: Civil Aviation Authority
PO Box 158 214 High Holborn	Account Number: 36029769 Sort Code: 60-30-06
London	Swift Code: NWBK GB 2L
WC1V 7BX	IBAN: GB90 NWBK 6030 0636 0297 69
Please supply the following information:	
Amount: £ BACS/CHAPS Referen	nce*:
* When making an electronic transfer please instruct your bankers to a followed by the application date in the description field (i.e. SRG 1104	
Payer: Date of Tran	sfer:
d) Card Details (for payment by Credit/Debit Card)	
Card number:	
Expiry date: / / Security Code (last 3 digits on si	gnature strip on reverse of card)
Debit cards only:	Amount: £
Start date:	Allount. L
Issue No: (if applicable)	
Name (as written on card):	
(BLOCK CAPS)	
Full postal address of card holder:	
	Postcode:
Card holder's signature:	
Please tick box if paying with Company Card 🗌 Company Name: .	
This information is provided at the applicant's risk and will be used by be used for any other purpose.	y the CAA for this payment only and will not

Application for EASA Part-FCL Pilot Licence - Conversion of an Existing National or JAR-FCL Licence Issued by the United Kingdom – GUIDANCE NOTES

Having a clear application form and pilot's log will enable L&TS to issue licences and ratings more efficiently, with less risk of errors or rejections with subsequent delays to your application.

Please note that failure to submit a correctly completed application form with the required supporting documents will lead to the formal rejection of your application. In this instance we will issue you with a 30 day notice to meet the outstanding requirements. Failure to meet this deadline will result in your application being cancelled and a fee for assessment and refund will be deducted as per the scheme of charges and our CAA refund policy.

IMPORTANT INFORMATION

In order to exercise the privileges of a Pilot licence where the operations of the aircraft require the use of radio communications equipment, the individual must hold a valid Flight Radiotelephony Operator's Licence. Such a licence will only be granted if the applicant holds a Language Proficiency Certificate in English in accordance with FCL.055 and Appendix 2 of Part-FCL prior to licence application. Should you not hold a valid Language Proficiency in English your application will be rejected.

SECTION 7 – ADDITIONAL RATINGS

Applicants who currently exercise privileges for Aerobatics, Glider or Banner Towing, need to complete this section to show how they comply with the Conversion Reports published in CAP 804, Part 1, Part P to have the ratings endorsed. It is the applicant's responsibility to produce clear evidence of meeting the conversion report for issue of the rating.

SECTION 8 – INSTRUCTOR CERTIFICATES

Applicants who hold or have held an Instructor Rating need to complete this section to show the instructor privileges they have been exercising. For instructor privileges for Aerobatic and Towing applicant's will need to comply with the Conversion Reports published in CAP 804, Part 1, Part P. It is the applicant's responsibility to produce clear evidence of meeting the conversion report for issue of the certificate.

GUIDANCE NOTE 1: Certifiers of ID

The following people can act as 'certifiers':

• Head of Approved Training Organisation.

Instructions for the certifier of your ID document are as follows:

- 1. Insert on the copy to be enclosed with the application: 'I have seen the original document and I certify that this is a complete and accurate copy of the original'.
- 2. Insert signature and date.
- 3. Certifier's name must be printed in block capitals.
- 4. Must include position or capacity, e.g. Head of Approved Training Organisation.

GUIDANCE NOTE 2: Which sections of the application form to	o complete
Application applied for	Sections to be completed
National Licences	All sections
UK issued JAR-FCL Licences	All sections

GUIDANCE NOTE 3: Supporting documentation required with the application			
Application	Original flying logs are only required for the conversion of additional ratings as per section 7 or in cases where an instructor is exercising the instructor privileges of Single Pilot High Performance Aeroplanes (SP HPC (A)).	Certified copy of the applicants Certificate of Revalidation page from licence. See guidance note 1.	Certified copy of JAR- FCL or Part-FCL Class 1 or 2 Medical Certificate. (See Guidance Note 1).
National Licences	\checkmark	\checkmark	\checkmark
UK issued JAR-FCL Licences	✓	✓	✓