



APPLICATION FORM FOR THE VALIDATION OF AN BPL/SPL LICENCE

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<i>tick as applicable:</i>	<p>I hereby, in accordance with Article 4 and 8 of Regulation (EU) 2020/723:</p> <p><input type="checkbox"/> I request the validation of a license for a maximum period of 12 months for specific tasks of limited duration.</p> <p><input type="checkbox"/> I request the validation of a license for short duration competition or demonstration flights.</p> <p><input type="checkbox"/> I request the validation of a license for a maximum of 28 days per calendar year for specific non-commercial tasks.</p>
1 APPLICANT'S PERSONAL PARTICULARS	
Last name: _____ First name: _____	
Date of birth: _____	Telephone: _____ Email: _____
Address: _____ Country: _____	
Licence number: _____ Nationality: _____	
Date: _____	Signature: _____
2 ATTACHMENTS	
Copy of Identity Card or Passport.	
Copy of the valid ICAO Medical Certificate.	
Copy of the license, in accordance with Annex 1 to the Chicago Convention, within the period of validity.	
Copy of flight records.	
Other attached documents.	