



APPLICATION FORM FOR THE VALIDATION OF AN BPL/SPL LICENCE

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<i>tick as applicable:</i>	I hereby, in accordance with Article 4 and 8 of Regulation (EU) 2020/723:		
	☐ I request the validation of a license for a maximum period of 12 months for specific tasks of limited duration.		
	☐ I request the validation of a license for short duration competition or demonstration flights.		
	☐ I request the validation of a license for a maximum of 28 days per calendar year for specific non-commercial tasks.		
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.			