



Form No: BCAA/PEL/Exam_App/01

APPLICATION FOR AIRLINE TRANSPORT PILOT LICENCE

AIR LAW EXAMINATION (AEROPLANE/HELICOPTER)

1. (a) Full Name

.....

(b) Name with initials:

2. Permanent Address

.....

3. Telephone No.: 4. Fax No.....

5. Email Address:

6. Nationality: 7. Date of Birth: D.....M.....Y.....

8. CID/Passport No :.....

9. (a) Name of the Flying school:

(b) Address :.....

.....

10. PPL/CPL No. Last date of validity:

11. (a) Is this your first attempt Yes No

(b) If "No", the dates of First attempt:

13. Subjects passed in first and other attempts (if applicable):

No	Subjects	Attempt No	Year & Month
1			
2			



འབྲུག་གི་བའི་མཁའ་འགྲུལ་དབང་འཛིན།
 བར་དོན་དང་བརྒྱུད་འབྲེལ་ལྷན་ཁག། དབལ་ལྷན་འབྲུག་གཞུང་།
BHUTAN CIVIL AVIATION AUTHORITY
 Ministry of Information & Communications
 Royal Government of Bhutan
 Paro : Bhutan



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3			
4			
5			
6			

14. Flying Experience :
 (a) Hours claimed as Pilot of Aeroplanes/Helicopters Dual Solo
 (b) Night Flying
 (C) Cross Country
 (d) Instrument Time

15. Type of Aircraft :

I certify that the above particulars furnished by me are true and accurate to the best of my knowledge.

Date:

Signature of the candidate

(Please attach the course completion certificate)

Official use only

I. Fees Paid :
 II. Receipt No :
 Date and Signature :