



འབྲུག་ཞི་བའི་མཁའ་འགྲུལ་དབང་འཛིན།  
 བཅོམ་དང་བརྒྱུད་འབྲེལ་ལྷན་ཁག། དཔལ་ལྷན་འབྲུག་གཞུང་།  
**BHUTAN CIVIL AVIATION AUTHORITY**  
 Ministry of Information & Communications  
 Royal Government of Bhutan  
 Paro : Bhutan



**Form No: BCAA/PEL/I/01**

**APPLICATION FOR A COMMERCIAL PILOT LICENCE  
 (AEROPLANES/HELICOPTERS)**

I hereby apply for a Commercial Pilot License and certify that the particulars given by me in this form are true and correct to the best of knowledge and belief.

1. Name: .....
2. Permanent Address: .....  
 .....
3. Telephone No.: ..... 4. Fax No.....
5. Email Address: .....
6. Nationality: .....
7. Date of Birth: D.....M.....Y..... Place of Birth.....
8. (A) State whether you have passed the approved course of training for CPL :  
 .....
- (B) Name and Address of the flying schools at which you have undergone training  
 .....  
 .....
9. If you apply for conversion of a foreign CPL, give the following particulars:
  - i. Number: .....
  - ii. Date of Issue: .....
  - iii. Last date of validity: .....

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BCAA, PARO, Post Box: 1229 Telephone: 975-8-271347/271911/272395 Fax: 975-8-271909 Director General: 975-8-271910, Chief Flight Safety Officer: 975-8-27296, Chief Air Navigation and Aerodrome Officer: 975-8-271912, website: [www.bcaa.gov.bt](http://www.bcaa.gov.bt), Email: aviation@druknet.net.bt



འབྲུག་ཞི་བའི་མཁའ་འགྲུལ་དབང་འཛིན།  
 བཅོམ་དང་བརྒྱུད་འབྲེལ་ལྷན་ཁག། དཔལ་ལྷན་འབྲུག་གཞུང་།  
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iv. Issuing Authority and Country: .....

**10. Medical Examination:**

i. Date of last medical examination: .....

ii. Class of medical examination : .....

iii. Last date of validity of medical examination: .....

**11. Flying Experience:**

A. i. Total No. of hours as PIC : .....

ii. Total No. of hours as PIC under supervision : .....

iii. Solo : .....

iv. Dual : .....

v. Co-Pilot : .....

vi. Total No. of hours : .....

**B. Cross Country Hours:**

i. Number of hours as PIC: .....

ii. Date of X Country Flight – not less than 300 n.m. (540 k.m.) with full stop landings at two different points: .....

**C. Night flying:**

i. No. of hours as PIC: .....

ii. No. of hours under supervision: .....

iii. Total No. of hours: .....

iv. No. of unassisted take-offs/ landings: .....

**D. Recent Flying:**

i. No. of hours as PIC during the 6 months immediately preceding the date of this application : .....

**12. Instrument Flying:**

i. No. of dual instrument flight instructional hours received: .....

ii. No. of instrument flying hours on aircraft: .....

iii. No. of simulated instrument flying hours: .....

iv. Total no. of instrument hours: .....

