



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



**BCAA/PEL/I/02**

**APPLICATION FOR AN AIRLINE TRANSPORT PILOT LICENCE**  
**(AEROPLANE)**

I hereby request that an Airline Transport Pilot License, and certify that the particulars given by me in this form are true and correct to the best of my 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. If you hold any Bhutanese or Foreign license, Please provide following details.

No.	License Title	Issuing Authority	License No.	Date of Issue	Date of expiry
01					
02					
03					

9. Did you follow an approved course of training for your CPL: .....

If so, give the number of dual instruction hours received: .....

10. Multi engine type of aircraft used for training and evaluation: .....



འབྲུག་གི་བའི་མཁའ་འགྲུལ་དབང་འཛིན།  
 བད་དོན་དང་བརྒྱན་འབྲེལ་ལྷན་ཁག། དཔལ་ལྷན་འབྲུག་གཞུང།  
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11. Medical Examination details:

Date of Issue	Valid until	Class	Limitation

12. Aircraft types and requested for:.....

13. Flying experience details:

No.	Flying Experience		Hrs
01	Pilot In Command		
02	Pilot In Command under supervision		
03	Co-pilot		
04	Cross-Country	As PIC	
		As co-pilot	
		Total	
05	Instrument	In the air	
		Synthetic	
		Total	
06	Night Flying		
07	Total on requested aircraft Type(s)	1.	
		2.	



འབྲུག་གི་བའི་མཁའ་འགྲུལ་དབང་འཛིན།  
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**BCAA/PEL/I/02**

		3.	
08	Grand Total		

**14. Recent flying:**

Number of hours as pilot in command during the preceding six months: .....

.....

.....  
Date

.....  
Signature of Applicant

**N.B.** This application should be forwarded to this office together with the originals (Original documents shall be given back after verification/scrutiny) and Photocopies of the following documents:

- 01. ATPL issued by foreign CAA
- 02. Relevant medical certificate
- 03. Log book
- 04. Passport size photo one No.
- 05. Applicable Fees (Receipt from the Accounts Section, BCAA)

**For Official use only**

1. Fees paid :                      Yes                      No

2. Receipt No : .....

Date:  
.....

Name and Signature  
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