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

BCAA/PEL/I/03

APPLICATION FOR FOREIGN (FLIGHT CREW) LICENCE VALIDATION CERTIFICATE (FLVC) FOR AIR TRANSPORT OPERATIONS EXCLUDING PRIVATE OPERATIONS

(Instructions to Applicants: Please fill all applicable spaces. State Nil, Not applicable where Inapplicable. Where boxes appear, tick appropriately. For renewal, of a FLVC please submit only those documents specified).

1. **Application for**:
   I. First issue of Foreign License Validation Certificate ☐

   II. Re – issue of Foreign License validation Certificate ☐

2. Particulars of Applications:

I. Name…….

II. Date of Birth…….. Place of Birth……..

III. Citizenship: …….

IV. Addresses in the Country of Citizenship: ……

……..…….

V. Address in the Country of Residence:……..
(if applicable)

VII. Details of Passports:

1. Number:……Issuing Authority:……Date of Expiry:…….

VII. Address in Bhutan: ……

VIII. Contact Tel: Number/s in Bhutan.....

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IX. Email, Fax Number in Bhutan:……..

X. Expected duration of stay in Bhutan……..

XI. Employer/Operator sponsoring the application:……

XII. Class of operation for which the application relates to:

i. Aerial Work Operations ☐

ii. Private Operations ☐

iii. iii. Commercial Operations ☐

xii. Purpose for which the validation is sought…….

3. Particulars of Licenses / Ratings

The license / ratings / other details for which the application relates to:

3.1 Licence Details

I. Title of the Licence ……
II. Number ……..
III. Issuing Authority ……. ……
IV. Date of intial issue ……..
V. Valid until ……..

3.2 Medical Certificate

I. Class (ICAO Class 1 etc) ……
II. Issuing Authority …….
III. Date of issue …….
IV. Date of expiry …….
V. Crew Position applied for (for Pilots only):

PIC: ☐

Copilot: ☐

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3.3 Rating (s)

Sl. No	Particulars	Date of initial issue	Date of last proficiency check prior to joining the new operator	Date pf expiry validity of the last PPC
1	Type / Class of Aircraft			
2	**Instrument Rating**			
3	**F/I Rating**			
4	**Others**			

3.4 Flight Radiotelephony License

License No:…….

Date of Issue:……Date of Expiry…….Issuing

Authority……

3.4.1 Flight Radiotelephone Operator Endorsement

(if there is no separate Flight Radiotelephone Operator licence aviable)

Date of Issue…….Date of Expiry……..Issuing

Authority……

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04. Flying Experience

Particulars	Total to date Hrs	Total M/E Hrs	Total on a/c for which validation is sought			
			a/c Type	Hrs	a/c Type	Hrs
PIC						
Co - Pilot						
Instrument						
Flight Instructor						
Flight Navigator (F/N)						
Flight Engineer (F/E)						
Flight Radio Operator(R/O)						

Particular	During the preceding 12 months			
	A/C type	Hrs	A/C Type	Hrs
PIC				
Co-Pilot				
Instrument				
F/N,F/E,R/O *(strike of*				

inapplicable)				
Flight Instructor				

Details of Previous Validations issued in Sri Lanka:
(Attach separate sheet or copies of previous FLVCs if space below is inadequate)

Certificate No	Date of issue	Date of expiry	Privileges	Operator

5. Enclosures				
Sl. No	**Particulars**	**Yes**	**No**	**Remarks**
1	Foreign licence and a photocopy			
2	Corresponding medical certificate and a photocopy			
3	Local Employees request			
4	Initial training records / certificates of types / classes Of a/c for which the application relates to and photocopies			
5	Proof of Experiences (Flying log book) and photocopies			
6	Letter from previous Employers and photocopies			
7	Foreign Security Clearance certificate/s			
8	Bhutanese Security clearance			
9	Copy of the passport/s			
10	PPC Report within 12 months			
11	Ground School Training Reports			
12	Simulator Training Reports			
13	Certified English language translations of above documents			
14	Base Training Reports			
15	Fee for processing of an application for Validation			

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I hereby certify that the above particulars furnished by me are true and correct. I understand that submission of any inaccurate or false information will amount to disqualification of this application or cancellation/ suspension of my FLVC.

……

……..

Date Signature of Applicant

Operator's Submission

(To be filled by the Operator who recommends the application. Please attach more sheets if space is inadequate)

1. Name of the Operator……

2. Current Postal Address of the Operator / Employer:……

3. Expected duration of employment of the applicant From……To:……

4. Does the above applicant meet the requirements for employment in terms of the DGCA approval Flight Operation Training Manuals and the applicable BCAA Regulations and Standards.....

5. Has the Operator implemented a Company Training & Checking Organization approved by the DG BCCA?

……

……

……

6. If not, what plans does the Operator have to establish one?

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……

……

……

7. Name of the Nominated Training School:……

8. Describe clearly the training programme, which will be offered to the applicant (Please be precise and do not use phrases such as ‘ As per the Training Manual ‘ etc) and the name of the Training School

……

……

……

I / We hereby declare that the details furnished above are true and correct. As such the application is recommended. I / We understand that submission of any inaccurate or false information will amount to disqualification of this application or cancellation / suspension of the FLVC issued to the above applicant.

Name of the Operator…… Company Seal:

Name of the Accountable Manager:…….

Designation :…….

…… ……

Date Signature

For Official use

འབྲུག་ཞི་བའི་མཁའ་འགྲུལ་དབང་འཛིན།
བརྡ་དོན་དང་བརྒྱུད་འབྲེལ་ལྷན་ཁག། དཔལ་ལྡན་འབྲུག་གཞུང།
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Date of receipt of the application : …….. Received by : ……

Signature : ……

Fee for processing the FLVC Paid : Yes / No Date……. Rec. No : ……

Documents insufficient ☐ Informed applicant ☐ Date……..

Documents sufficient ☐ Processing started ☐ Comments :……

Fee for issue of FLVC paid : Yes / No……. Rec. No : ……

FLVC issued by : …….. Date ……

Collected by : ……. Date……

Delivery Date …….. Delivery Time……

GUIDANCE FOR SUBMISSION OF DOCUMENTS FOR ISSUANCE OF FLVC

Sl. No	Document	Private Operation	Commercial Operation	Conduct of flight training	Conduct of flight test	Conduct of flight training	Conduct of flight check	Ferrying Aircraft
1	Application Form BCAA/PEL/I/03	✓	✓	✓	✓	✓	✓	✓
2	Valid Foreign License	✓	✓	✓	✓	✓	✓	✓
3	Valid Foreign Medical Certificate	✓	✓	✓	✓	✓	✓	✓
4	Log Book	✓	✓	✓	✓	✓	✓	✓
5	Local employers request / certification	X	✓	✓	✓	✓	✓	✓
6	Local Medical Certificate	X	✓	X	X	X	X	X
7	PPC reports within 12 months	X	✓	X	X	X	X	X

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8	Proof of experience (letter from the Airline)	X	✓	X	X	X	X	X
9	Previous employers letter	X	✓	X	X	X	X	X
10	Initial training records on type	X	✓	X	X	X	X	X
11	Ground school training / test reports	X	✓	X	X	X	X	X
12	Simulator training / test reports	X	✓	X	X	X	X	X
13	Base training reports (sim/aircraft)	X	✓	X	X	X	X	X
14	Copy of Passport	✓	✓	✓	✓	✓	✓	✓
15	Certified Eng. Translation of Docs	✓	✓	✓	✓	✓	✓	✓
16	Foreign Security Clearance	✓	✓	✓	✓	✓	✓	✓
17	Local Security Clearance	✓	✓	✓	✓	✓	✓	✓
18	Certified ELPC Certificate	X	✓	✓	✓	X	X	X
19	Verification of Foreign license	✓	✓	✓	✓	✓	✓	✓