Please complete and sign this application and send it to the following address
Bezirksregierung Münster
Domplatz 1-3, 48143 Münster
or by email to fluglizenzen@brms.nrw.de

Bezirksregierung Münster

PART-FCL LICENCE APPLICATION FORM

It is required that this form be filled and signed by the candidate.

The first part of this form needs to be filled in with the details of the FAA airman certificate and its endorsements. These items will be verified in consultation with FAA. The second part concerns the application for the EU licence itself.

PART 1: FAA Airman status

ITEM	**ICAO** **ANNEX 1**	**DESCRIPTION**	In accordance with the Chicago Convention on International Civil Aviation, Article 29,c); 32,a); 40; and Annex 1 to the Convention, para 1.2.1.
1	(i)	State of licence issue	*USA*
2	(ii)	Category/Class of FAA certificate	*AEROPLANES:*
3		Licence issue date (dd/mm/yyyy)	
4	(iv)	Full name - Last name: - First names:	
5	(iv a)	Date of birth (dd/mm/yyyy) National ID number	
6	(xvi)	Other detail (for example *Place of birth*)	
7	(v)	Address: - Permanent address: - Postal address:	
8		Contact details: - Email: - Phone number:	
9	(vi)	Nationality	
10	(viii)	Issuing authority (conditions under which the licence was issued, where necessary)	*FAA*
11	(vii)	Valid and non-expired ratings/privileges and certificates held (Only Class or Instrument ratings)	**Ratings and certificates** / **Issue date** *(dd/mm/yyyy)*
12	*Expired ratings:* ***N/A***		
13	(xiii)	Remarks, i.e., special endorsements relating to limitations, restrictions and endorsements for privileges (e.g.: language proficiency level and validity (English, others))	*Special endorsements:* *Last Flight Review in English (for language request)* — *Date (dd/mm/yyyy):* *other* — *Date (dd/mm/yyyy):*
14	*Details on completion of theoretical-knowledge or flight instruction, theoretical-knowledge examination or skill test in other Member States, if applicable* ***: N/A***		
15		Past or pending enforcement action*	☒ **Yes** ☐ **No** (If yes, please give details on a separate page.)
16		Is the licence in point 2 a validation issued by the FAA on the basis of a licence issued by another Contracting State to the Chicago Convention.**	☒ **Yes** ☐ **No** (Please add details hereunder)
17		Initial PART-MED medical certificate:	**Date of issue** (dd/mm/yyyy): **Date of examination** (dd/mm/yyyy): **Class:**

* Item 15 specify if there is a current investigation into the medical certificate and licence, or suspension or revocation thereof.
** Item 16: e.g. has it been rendered valid according 1.2.1 of Annex 1 of the Chicago Convention?

PART 2: Application for PART-FCL licence

I, , (last name, first name) hereby apply for a PART-FCL licence or rating.

Type of licence applied for:

Private Pilot licence - Aeroplanes: ☒ None ☐

Rating's applied for:

SEP(L) ☐

MEP(L) ☐

Night Rating ☐

Holder of a PART-FCL licence: Yes: ☒ No: ☐

In case of holder of a PART-FCL License:

a) Part-FCL license number:
b) Type of license:
c) State of license issue:

Have you passed the EU theoretical-knowledge or flight instruction, theoretical-knowledge examination or skill test in another EU Member State then this one? **Yes:** ☒ **No:** ☐

If yes, please indicate which country:

Theoretical Knowledge Examination:
Flight instruction:
Skill Test:

I hereby declare, that I have not submitted any other request to another competent authority of a Member State of EASA.

I do not hold any PART-FCL, Part-BFCL or Part-SFCL in any other Member State of EASA.

I have never held any personnel license, certificate, rating, authorization or attestation with the same scope and in the same category issued in another Member State which was revoked or suspended in any other Member State.

I have fully reviewed the U.S.-EU TIP-L*, SECTION B (dated 18/05/2021) and have submitted all of the necessary paperwork for my application to be considered.

I hereby declare that the information provided on this application form is true, complete and correct to the best of my belief and knowledge. I understand and I am aware of that if the information provided is not true, this may lead to legal action under licensing law.

I hereby declare, through my signature below, that I authorize the FAA to verify the contents of this applicant from information derived from my airmen record maintained by the FAA in accordance with the Privacy Act, under Privacy Act System of Record, Aviation Record on Individuals, SORN 847.

Signature of the applicant and Date of application (dd/mm/yyyy):

Attachments:

a) Originals or copies of:
- ☐ FAA pilot certificate
- ☐ valid medical certificates (FAA and EU-Part MED)
- ☐ passport or equivalent proof of identity
- ☐ Logbook to show other relevant information, e.g. experience, the last flight review, the training performed
- ☐ Skill test form

b) ☐ Written documentation to demonstrate the currency as stated in (11) above

c) Any other documents as requested by the AA:
- ☐ written statement about ongoing investigations or legal criminal proceedings
- ☐ information from the Register of Driver Fitness
- ☐ Certificate from the responsible Aviation Security Authority confirming reliability acc. § 7 Luftsicherheitsgesetz
- ☐ For applicants under the age of 18, the consent of the applicant's legal representative is required.

Any incorrect information could disqualify the applicant from being granted a personnel licence, certificate, rating, authorisation or attestation. In case of doubts, the competent authority should contact the competent authority of the Member State where the applicant may have previously held any personnel licence, certificate, rating, authorisation or attestation or contact the FAA for any further information.

*Technical Implementation Procedures - Licensing (TIP-L) between the FAA of the U.S.A. and the European Union Aviation Agency (EASA) of the European Union