



Aeroplane - Application for the State of Brunei Part-FCL Professional Licence / Instrument Rating / Brunei Radio Telephony Operator's Licence

Please complete this form, in **BLOCK CAPITALS** using black or dark blue ink, sign and submit as instructed.
Please read attached **Guidance Notes** before completing the technical sections of this form.

False Statement

The making of false statement for the purpose of procuring the grant, issue, revalidation, renewal or variation of any certificate, licence, approval, permission or other document is an offence under the Civil Aviation (General) Regulations 2016. The Department of Civil Aviation may, in any case in which they think it is desirable, require the applicant to furnish such evidence as they may desire and to make and subscribe a statutory declaration as to the truth of the facts set out in the application.

Notes

BAR 1 Part FCL requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records (Part MED.A.030 and Part-FCL).
If your medical records are not held by the Brunei DCA, your application will be rejected.

1. APPLICANT DETAILS

To be completed by the Applicant

DCA Personal reference/licence no (if known):

Title: Forename: Surname:

Date of birth: Nationality:

Town of Birth: Country of Birth:

Home Address to which licence is to be returned:

.....

Telephone no: Mobile no:

Email:

A certified copy of your valid Passport, National Identity Card or Full Photographic Driving Licence (see Guidance Note 1) must accompany your application as proof of identification.

2. ADDRESS FOR CORRESPONDENCE (if different from above)

To be completed by the Applicant

Postal Address:

.....



3. MEDICAL FITNESS **To be completed by the Applicant**

Class of Medical Certificate held	Date of last Medical	Date of Expiry	DCA use only

Note: Your Medical Certificate must be valid on the licence issue date. If your Medical Certificate is due to expire within 14 days after the date of application for licence issue, please complete the following:

My medical examination will take place at on
 A licence will not be issued to any person unless their medical records supporting their medical certificate are held by an Aeromedical Centre located in the State of Brunei.

4. PARTICULARS OF STATE OF BRUNEI OR THIRD COUNTRY ICAO LICENCES HELD **To be completed by the Applicant**

Issuing Authority	Type/Class of licence	Licence Number	Expiry Date

5. RATINGS HELD **To be completed by the Applicant**

This section is to be completed, unless you provide a clear certified photocopy of your Certificate of Revalidation. (Should the photocopy not be clear, it will result in you being asked for a clear copy and will delay your application). Please give the date of the most recent Skill Test, Proficiency Check or Revalidation by Experience for each type and/or class rating, and any Instructor certificate to be endorsed on your Part-FCL Licence.

Rating or Certificate held	Single-Pilot (SP) or Multi-Pilot (MP)	Date of Test	Date of IR Test (if applicable)	Expiry Date of Rating	Examiners Licence Number and Name	DCA use only



6. APPLICATION (tick as appropriate)

To be completed by the Applicant

I am applying for the following Aeroplane Licence and / or rating: (please tick as appropriate):

CPL IR ATPL FRTOL

Aeroplane class/type rating (please specify):

Type of course(s) completed (if any): ATP Integrated ATP/IR Integrated

CPL Modular IR Modular CPL Integrated CPL/IR Integrated

Conversion (if applicable):

ICAO CPL to CPL ICAO CPL/IR to CPL/IR ICAO ATP/IR to ATP/IR

Military Accreditation Scheme (if applicable):

QMP to CPL QMP to CPL/IR QMP to ATP/IR



7. FLYING EXPERIENCE		To be completed by the Applicant			
IMPORTANT NOTE: Any flight entries recorded within a pilot log, for the same date as Pilot in Command and Dual, will only be counted as Dual flight for licensing purposes.		Hours Claimed on Course	Total Hours Claimed	DCA Use Only	
A Total Experience As Pilot	As pilot-in-command (PIC)				
	As student pilot-in-command (SPIC-Integrated only)				
	As pilot-in-command under supervision (PIC/US)				
	Dual instruction				
	As Co-pilot (P2)				
	Other Hours Credited (if applicable)				
	Section A Total Hours				
B Cross Country And Overseas Flying	As pilot-in-command (PIC)				
	As student pilot-in-command (SPIC-Integrated only)				
	As pilot-in-command under supervision (PIC/US)				
	Dual instruction				
	As Co-pilot (P2)				
	Section B Total Hours				
	Date of 300 NM flight (aeroplanes)				
C Night Flying	As pilot-in-command (PIC)				
	As student pilot-in-command (SPIC-Integrated only)				
	As pilot-in-command under supervision (PIC/US)				
	Dual instruction				
	As Co-pilot (P2)				
	Section C Total Hours				
	Solo take-offs and landings (number of)				
D Instrument Flying	As pilot-in-command (PIC)				
	As student pilot-in-command (SPIC-Integrated only)				
		FTD 2/3 or FNPT 1			
	Instrument ground time	FNPT 11/111			
		FSTD of FSS			
	Flying Time (PIC/Co-pilot/PIC/US)				
	MCC Training (as part of course)				
Section D Total Hours					
E Multi-pilot Aircraft Experience	As pilot-in-command (PIC)				
	As pilot-in-command under supervision (PIC/US)				
	Dual instruction				
	As Co-pilot (P2)				
	Section E Total Hours				
For DCA use only:					



8. CONFIRMATION OF THEORETICAL KNOWLEDGE COURSE COMPLETION

To be completed by the Approved Training Organisation conducting the Theoretical Training

Confirmation of Theoretical Knowledge training course completed Aeroplanes

CPL IR ATP

Theoretical Knowledge training completed on courseHours

Give details of Competent Authority with whom the Examinations were taken:

Certified copy of results to be provided with application and Certified copy of ATO approval Certificate (if training ATO and examinations not subject to Brunei approval).

Approved Training Organisation (ATO): ATO Approval No.

Competent Authority issuing Approval:

Name of Head of Training:

Signature (Head of Training): Date

9. CPL MODULAR OR REDUCED MODULAR (ICAO CPL Conversion or QMP) TRAINING COURSE DETAIL

To be completed by the Approved Training Organisation

I certify that (name) has satisfactorily met the Pre-requisite requirements in accordance with PART-FCL prior to commencing a course of training and has satisfactorily completed a course of training for the grant of a Commercial Pilot's Licence. I further certify that I have examined the applicants flying log and that the entries in them comply with the requirements for the grant of a Commercial Pilot's Licence in accordance with PART-FCL.

Date CPL course started: Date CPL course completed:

The course consisted of:

..... hours dual flight instruction of which
..... hours dual flight instruction in accordance with
..... hours dual flight instruction at night (if applicable).
..... hours instrument instruction.
..... hours of MEP asymmetric flight instruction (if applicable).

Simulator Experience (if applicable):

..... Hours instrument ground time in a FTD 2/3 or FNPT I FNPT II/III Flight Simulator

FSTD Identification Number of simulator used:

Competent Authority issuing Qualification Certificate for the Simulator:

Recommended for Skill Test by Name: Licence No:

Approved Training Organisation (ATO): ATO Approval No:

Competent Authority issuing approval:

Name of Head of Training:

Signature (Head of Training): Date



10. IR COURSE DETAILS

To be completed by the Approved Training Organisation

I certify that (name) has satisfactorily met the pre-requisite requirements in accordance with PART-FCL prior to commencing a course of training and has satisfactorily completed a course of training for the grant of a Commercial Pilot's Licence. I further certify that I have examined the applicants flying log and that the entries in them comply with the requirements for the grant of a Commercial Pilot's Licence in accordance with PART-FCL.

Date IR course started: Date IR course completed:

The course consisted of:

..... hours dual instrument flight instruction in a single engine aeroplane.

..... hours dual instrument flight instruction in a multi-engine aeroplane.

Simulator Experience (if applicable):

..... Hours instrument ground time in a FSTD 2/3 or FNPT 1 FNPT 11/111 Flight Simulator

FSTD Identification Number of simulator used:

Competent Authority issuing Qualification Certificate for the Simulator:

Recommended for Skill Test by Name: Licence No:

Approved Training Organisation (ATO): ATO Approval No:

Competent Authority issuing approval:

Name of Head of Training:

Signature (Head of Training): Date

11. INTEGRATED COURSES

To be completed by the Approved Training Organisation

I certify that (name) has satisfactorily completed a course of training for the grant of a Commercial Pilot's Licence with without instrument rating and the training is detailed in Section 10. I further certify that I have examined the applicants flying log and that the entries in them meet in full the flying experience requirements for the grant of a Commercial Pilot's Licence with without instrument rating in accordance with PART-FCL.

Date course started: Date course completed:

Approved Training Organisation (ATO): ATO Approval No:

Competent Authority issuing approval:

Name of Head of Training:

Signature (Head of Training): Date



12. FLIGHT RADIOTELEPHONY OPERATOR'S LICENCE (FRTOL)

To be completed by the Brunei Authorised RT Examiner

	Date Passed	Paper No.	Mark (%)	Examiner's Name Signature	Examiner's CAA Ref: Number
a) Communications (Written)					
b) HF Theory (Written)					
c) Radiotelephony Practical Test					
d) ICAO English Language Proficiency	Date	Level	Pass	Examiner's Name Signature	Examiner's CAA Ref: Number
		6	Yes <input type="checkbox"/> No <input type="checkbox"/>		

The above examinations were completed at (Test location)

13. CONFIRMATION OF SKILL TEST

To be completed by the holder of an Examiner Certificate Issued in accordance with Part-FCL

I certify that (name) has satisfactorily completed a:

CPL (A) Skill Test Pass Date: IR (A) Skill Test Pass Date:

Multi Pilot ATP (A) Skill Test Pass Date:

I further certify that I have examined the applicants flying log and that the entries in them meet in full the flying experience requirements for the grant of licence in accordance with PART-FCL.

Examiner's Name: Examiner's Number:

Authorising Competent Authority: Date of Examiner's Briefing (if applicable):

Examiner's Signature: Date

Note – Examiners are reminded that they must complete the Examiner's Report Form and submit to the Brunei DCA Personnel Licensing Section, within 14 working days from the skill test.

Applicants are advised that the licence will not be issued until the corresponding Examiners Report Form is received.

14. DECLARATION OF APPLICANT

To be completed by the Applicant

I declare that the information provided on this form is true to the best of my knowledge and belief. I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.

I declare I have never held a flight crew licence with an ICAO member state which has been revoked or suspended:

Signature of Applicant: Date:



DELIVERY INSTRUCTIONS

Completed forms must be sent to the Brunei DCA Personnel Licensing Section.
Email: e-Licensing@civil-aviation.gov.bn

PAYMENT INSTRUCTIONS

Where applicable, full payment to be made as per Brunei DCA Scheme of Charges.

FOR OFFICIAL USE ONLY (DCA)

Date of Receipt:

Enclosures Checked by Name: Office:

Application: Accepted Rejected Pending Approved

Remarks:

Name and signature of authorised staff member:

Name:

Signature: Date:



AEROPLANE - Application for the Initial Issue of a State of Brunei Part-FCL Professional Licence / Instrument Rating / Brunei Radiotelephony Operator's Licence

GUIDANCE NOTES

Having a clear application form and pilots' flying log (where appropriate) will enable Brunei DCA to issue licences, ratings and certificates more efficiently, with less risk of errors or rejections with subsequent delays to your application.

Please note that failure to submit a correctly completed application form with the required supporting documents will lead to the formal rejection of your application. In this instance we will issue you with a 30 day notice to meet the outstanding requirements and failure to meet this deadline will result in your application being cancelled.

IMPORTANT INFORMATION

In order to exercise the privileges of a Pilot licence where the operations of the aircraft require the use of radio communications equipment, the individual must hold a valid Flight Radiotelephony Operator's Licence. Such a licence will only be granted if the applicant holds a Language Proficiency Certificate in English in accordance with of Part-FCL prior to licence application. Should you not hold a valid Language Proficiency in English, your application will be rejected.

GUIDANCE NOTE 1: Certifiers of ID

The following people can act as 'certifiers':

- Head of Approved Training Organisation.

Instructions for the certifier of your ID document are as follows:

1. Insert on the copy to be enclosed with the application: 'I have seen the original document and I certify that this is a complete and accurate copy of the original';
2. Insert signature and date;
3. Certifier's name must be printed in BLOCK capitals;
4. Must include position or capacity, e.g. Head of Approved Training Organisation.

GUIDANCE NOTE 2: Which sections of the application form to complete

Licence applied for	Sections to be completed
Part-FCL CPL (By Modular course) without IR (to include FRTOL)	1,2,3,4,5,6,7,8,9,12*,13,14
Part-FCL CPL (By Modular course) with IR (to include FRTOL)	1,2,3,4,5,6,7,8,9,10,12*,13,14
Part-FCL CPL, CPL/IR, ATPL (Integrated course) (to include FRTOL)	1,2,3,4,5,6,7,8,11,12*,13,14
Part-FCL CPL to Part FCL ATPL (to include FRTOL)	1,2,3,4,5,6,7,8,9,12*,14
ICAO CPL to Part-FCL CPL Conversion without IR (to include FRTOL)	1,2,3,4,5,6,7,8,9,12*
ICAO CPL to Part-FCL CPL Conversion with IR (to include FRTOL)	1,2,3,4,5,6,7,8,9,10,12*,13,14
ICAO ATP to Part-FCL CPL Conversion IR (to include FRTOL)	1,2,3,4,5,6,7,8,9,10,12*,13,14
ICAO ATP to Part-FCL ATP Conversion (to include FRTOL)	1,2,3,4,5,6,7,8,12*,13,14
QMP to Part-FCL CPL without IR (to include FRTOL)	1,2,3,4,5,6,7,8,9,10,12*,13,14
QMP to Part-FCL CPL with IR (to include FRTOL)	1,2,3,4,5,6,7,8,9,10,12*,13,14

*Applicable if the FRTOL is not already held.



GUIDANCE NOTE 3: Supporting documentation required with the application								
Application	Original flying logs	Certified copy of the Certificate of Revalidation from any existing issued Flight Crew Licence *1	A certified copy of your valid Passport, National ID Card or Photographic Driving Licence *1	Copy of Part-FCL Medical Certificate (Class 1 or 2) *1	Original third country ICAO Licence and Medical or certified copy by ATO. *1	Copy of Part-FCL Examiner's Approvals certificate and licence (if Examiner is not approved by the Brunei DCA) *1	Copy of Part-ORA Approved Training Organisations (ATO) Approval Certificate (if ATO is not approved by the Brunei DCA)*1	Letter from Operating Company confirming PIC/US hours Multi Pilot Operations
Part-FCL CPL (By Modular course) without IR (to include FRTOL)	✓	✓	✓	✓	N/A	✓	✓	N/A
Part-FCL CPL (By Modular course) with IR (to include FRTOL)	✓	✓	✓	✓	N/A	✓	✓	N/A
Part-FCL CPL, CPL/IR, ATPL (Integrated course) (to include FRTOL)	✓	✓	✓	✓	N/A	✓	✓	N/A
Part-FCL CPL to Part FCL ATPL (to include FRTOL)	✓	✓	✓	✓	N/A	✓	✓	✓
ICAO CPL to Part-FCL CPL Conversion without IR (to include FRTOL)	✓	✓	✓	✓	✓	✓	✓	N/A
ICAO CPL to Part-FCL CPL Conversion with IR (to include FRTOL)	✓	✓	✓	✓	✓	✓	✓	N/A
ICAO ATP to Part-FCL CPL Conversion IR (to include FRTOL)	✓	✓	✓	✓	✓	✓	✓	N/A
ICAO ATP to Part-FCL ATP Conversion (to include FRTOL)	✓	✓	✓	✓	✓	✓	✓	✓
QMP to Part-FCL CPL without IR (to include FRTOL)	✓	✓	✓	✓	N/A	✓	✓	N/A
QMP to Part-FCL CPL with IR (to include FRTOL)	✓	✓	✓	✓	N/A	✓	✓	N/A
*1 - See Guidance Note 1								
Applicants must apply for a Brunei DCA observed Flight Skill Test. Application for an observed skill test is made using form LIC_### (New Form to be provided by DCA).								