



**BELIZE DEPARTMENT OF CIVIL AVIATION  
BELIZE AIRCRAFT MAINTENANCE ENGINEER'S LICENSE APPLICATION FOR TYPE RATING**

**NOTES:**

1. The information and guidance on the completion of this Record of Experience is contained in the Belize Civil Aviation Regulations APL Part 10
2. The person in charge should certify each item when he is satisfied that the applicant has participated in or satisfactorily carried out the inspection.
3. Engineers are encouraged to maintain a personal logbook in which to record details of work carried out.
4. Questions during the oral examination may be based upon the information contained in this Record of Experience

1) PERSONAL DETAILS	
Surname: .....	First Name: .....
Position: .....	Date: .....
Nationality: .....	Town: ..... Country: .....
Permanent Address: ..... .....	
Telephone (Cel): .....	Telephone (Home): .....
Name of Employer: .....	Employed at: .....
License Number: .....	Expiry Date: .....
Type Rating(s) – If you are applying for any type rating please enter Category and type(s) applied for: ..... ..... ..... .....	



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<b>2) EXPERIENCE</b>				
Column (4) shall be completed for each block of experience shown by a person in a managerial position, <b>(such as the Quality Manager, Director of Maintenance or, in the case of a training organization, the Training Manager)</b> within the organization in which the experience was gained and who is able to verify the experience				
Type of aircraft, engine or equipment, showing the particulars relevant to the application being made  (1)	Precise nature of work, and name of person and their managerial position  State the name of employer and place of employment  (2)	(3) Dates		Signature of reference and name in capitals, to be signed by person by person quoted in column (2)  (4)
		From	To	



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<b>3) EXPERIENCE</b>				
Column (4) shall be completed for each block of experience shown by a person in a managerial position, <b>(such as the Quality Manager, Director of Maintenance or, in the case of a training organization, the Training Manager)</b> within the organization in which the experience was gained and who is able to verify the experience				
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		From	To	



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**4) DECLARATION OF APPLICANT**

I declare that all the particulars given on this form are true in every respect  
Signature ..... Date .....

It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, license, approval, permission or other document.

**5) FEES**

A fee of **\$30.00** will be required for each Type Rating applied for  
**NO PERSONAL CHEQUES ACCEPTED. STRICTLY CASH**

**6) FOR BDCA USE ONLY**

CASH \$ \_\_\_\_\_  
RECEIVED BY \_\_\_\_\_  
RECEIPT NUMBER \_\_\_\_\_  
DATE \_\_\_\_\_

**7) RECOMMENDING OFFICER'S COMMENTS**

**Applicant's Identification**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Form of ID and ID Number: \_\_\_\_\_

ID Expiration date: \_\_\_\_\_

**1.Approval:**

Application Approved:

Application not approved:

(If application not approved disclose reason in comments)

**2. Comments (Include date of the entry):**

**BDCA Inspector/Licensing officer: Name, Title:**

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_