

## **BELIZE DEPARTMENT OF CIVIL AVIATION** APPLICATION FORM FOR REPLACEMENT OF AN AVIATION DOCUMENT

Section I General Information: To be filled by the applicant

A. Applicants full name:			
B: Date of Birth:			
B. Bato of Birtin.	Month	Day	Year
C. Place of Birth:			
D. Address (Mailing):			
E. Nationality:			
F. Gender:	G. Contact: Phone No.		
Female		E- mail	
H. License Process	Repla	cement $\square$	
Section II. State the E  Student Pilot  Private Pilot Lice	Belizean license, or rating re	equested:	
Commercial Pilo	ot License (A)	Flight Operatio	ns Officer/Flight Dispatchers
Airline Transpor	t Pilot License (A or H)	AMEL( without	Type rating)
Private Pilot Lice	ense (H)	AMEL (with Ty	pe rating)
Commercial Pilo	t License (H)	Air Traffic Conti	roller
I. Validity of medical cer Class of Medical:			
Date of Issue:			
Issued by:			
Date of expiry:			
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J. Motive for replacemen	t of License:	
k. Has your Belize licens Section III. State aviation	se been revoked or suspended before: If yes date: on licenses held.	
A. Type and number	of License:	
B. Issuing Authority:		
C. Rating in License	:	
D. Validity of License	9:	
	I hereby declare that the info	
Section VI. For Licens	sing Officer use only	
<u>Attachments</u>		
Copy of Passpor	Director of Civil Aviation BCAR-APL 2.7 Replacement of an a	viation document
Applicant's Identification		
Name:		
	er:	
ID Expiration date:		
BDCA Inspector/Licensin	ng officer: Name, Title:	
	Signature:	
	Date:	. <u></u> _
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