



J. Motive for replacement of License:

k. Has your Belize license been revoked or suspended before: If yes date: _____

Section III. State aviation licenses held.

A. Type and number of License: _____

B. Issuing Authority: _____

C. Rating in License: _____

D. Validity of License: _____

* Applicants declaration: I _____ hereby declare that the information signed and the entries made in this application are true and accurate to the best of my knowledge.

Section VI. For Licensing Officer use only

Attachments

- Medical Certificate
- Letter directed to Director of Civil Aviation **BCAR-APL 2.7 Replacement of an aviation document**
- Copy of Passport/Social Security
- Payment according to scheme of charges

Applicant's Identification

Name: _____

Date of Birth: _____

Form of ID and ID Number: _____

ID Expiration date: _____

BDCA Inspector/Licensing officer: Name, Title: _____

Signature: _____

Date: _____