

APPLICATION FOR CONVERSION OF A FLIGHT CREW LICENCE

Use a separate form for each licence

PERSONAL DETAILS						
Surname	Given Name(s)					
Title		Date of Birth				
Town of Birth	Country of Birth					
Permanent Address	ZIP code					
Address for Correspondence	ZIP code					
Telephone Number		Alternative Telephone				
APPLICATION	4- h)					
I am applying for: (tick appropriate box)						
Private Pilot Licence (Aeroplane) *with/without Instrument Rating			Airline Transport Pilot Licence (Aeroplane)			
Private Pilot Licence (Helicopter) *with/without Instrument Rating			Airline Transport Pilot Licence (Helicopter)			
Private Pilot Licence (Aeroplane) -	Glider Pilot Licence					
Commercial Pilot Licence (Aeropla	Free Balloon Pilot	Licence				
Commercial Pilot Licence (Helicop	Flight Engineer Licence					
* Delete as appropriate.						
LICENCE TO BE CONVERTED						
Type of Licence	Licence No					
Country of Issue		Date of last medical examination				
Date of issue		Date of expiry				
Do you hold a separate Flight Radio Telephone Operators Licence?	Yes No	Number		Date of Issue	dd/mm/yy	
Are there any restrictions (medical or operational) on your licence(s)?						

EXPERIENCE ON AIRCRAFT Date of last check Date of expiry Single engine aeroplanes Class ratings Multi engine aeroplanes Type ratings Experience on aircraft endorsed on licence for which Helicopters conversion is applied Instrument rating Instructor **AERONAUTICAL EXPERIENCE** Single-pilot time Aircraft category Total Multi Night PIC* Co-pilot PICUS* Instrument Instructor pilot time of Single Multi rating flight engine engine time Aeroplane Helicopter Date of most recent flying (dd/mm/yy) PIC* =Pilot in command Date of most recent flight test or proficiency review PICUS** = Pilot in command under supervision (dd/mm/yy) **DECLARATION BY APPLICANT** I hereby declare that the particulars set out in this application are authentic and correct. I agree that I shall not exercise the privileges granted by my licence or rating unless I maintain competency by meeting relevant requirements of Slovak regulations and any further limitations imposed by operator. Date (dd/mm/yy) Signature **DECLARATION BY OPERATOR** Fill if application is for commercial air transport activity, aerial works, test flights, para flights ... Operator (name, address) Applicant will be exercise his/her privileges as (PIC, F/O, FE, INSTR)

I hereby declare that the above mentioned person satisfies the aeronautical experience requirements.

Signature

Encl. Log book Pilot Licence

Date (dd/mm/yy)