

Swiss Confederation

Federal Department of the Environment, Transport, Energy and Communications DETEC

Federal Office of Civil Aviation FOCA

Safety – Division Flight Personnel 3003 Bern

Application for conversion of a national Swiss licence to a Part-FCL licence

Applicant's Swiss licence number:	
Applicant 3 Owiss ilectrice number.	

SAILPLANE PILOT LICENCE

Applica	ınt	last name:		first name:	date of birth:	
place of b	irth:		place of origin:		nationality:	
private ac	ldre	ss: postal code:	city:	S	treet:	
phone/fax	ho	me:		phone/fax office:		
e-mail:						
signature	of a	applicant:		place:	date:	
	-	of conditions for cor CL SPL or to a Part-	nversion of a nation FCL LAPL(S)	al Sailplane pilo	t licence	
EASA re		irements for:				
a)		Medical certificate Par	-MED LAPL			
b)		Radiotelephony UIT or	National (if applicable)			
c)			ge of the relevant parts on side 2 of this form b		1)	
EASA re	qui	irements for:				
a)		Medical certificate Par	-MED Class 2			
b)		Radiotelephony UIT or	National (if applicable)			
c)			ge of the relevant parts on side 2 of this form b		1)	
SELF-D	EC	CLARATION:				
I confirm to		omply with the requirem	ents for the following la	unch method(s)		
□ winch I		ch				
■ self lau						
□ bungee□ car lau		ınch				
u cariau	HUII					
name:				signature of application	ant:	
date and	plac	ee:				

FOCA Form 62.070_10.2012 1/2

_	
Applicant's Swiss licence number:	

Demonstrate knowledge of the relevant parts of EASA Part-FCL Confirmation by flight school

The flight school confirms that the applicant has demonstrated knowledge of the relevant parts of EASA Part-FCL.

Flight school	name	registration number	
Instructor:	last name	first name	
	licence number		
location and date	A.	cionatura of flight instructor	
location and date) .	signature of flight instructor	

FOCA Form 62.070_10.2012 2/2