

National licence conversion application form

According to Part-BFCL, Part-FCL and Part-SFCL

1. Applicant's data						
last name:	first name:					
place of birth:	date of birth:					
nationality:	phone nr.:					
mother's maiden name:	e-mail:					
address:						
postal address:		same as above				
licence number:						
receipt of the new licence:		personally to postal address				
in case of verification letter:		electronically				
2. Billing details		<u> </u>				
name (if differs from customer's name):						
address:						
postal address:		same as above				
3. Authorisation						
I hereby authorise the below-mentioned person to act on my behalf with full privileges with the exception of personal statements during this procedure at the Aviation Authority of Hungary.						
name of	ID nr. of					
representative:	representative:					
address of						
representative:						
date:	signature of applicant:					
witness 1:	witness 2:					
name:	name:					
address:	address:					
ID nr.:	ID nr.:					
sign.:	sign.:					
4. Foreign pilot licence						
Do you have any other pilot licence/rating/certificate issue	ed by a foreign Authority?					
☐ AGPL ☐ LAPL ☐ ATPL ☐ MPL ☐ no ☐ yes: ☐ PN ☐ PMPL	☐ SPL ☐ licence number:					
□ BPL □ PHPL □ CPL □ PPL	issuing authority:					
ratings held:						

5. Details of app	псано	n					
	□ PPL			□ CPL			
	□ ATPL						
	☐ towing rating			☐ flight instructor certificate			
subject of conversion:		□ aerobatic rating					
	☐ Glider Rating			launch method:	□ se	vinch elf-launch ero-tow	
	☐ Cloud Flying rating						
	☐ Balloon Rating (hot-air balloon)			$ \Box \begin{array}{ccc} Group \ A & & \Box & Group \ C \\ (up \ to \ 3 \ 400 \ m^3) & & \Box & Group \ C \\ (6 \ 001 \text{-}10 \ 500 \ m^3) & & \Box & Group \ D \\ (3 \ 401 \text{-}6 \ 000 \ m^3) & & \Box & (above \ 10 \ 500 \ m^3) \\ \end{array} $			
		☐ Balloon Rating (gas balloon)		☐ tethered hot-air balloon rating			
aircraft category:		aeroplane sailplane		□ balloon □ other:	☐ helicopter		
type of rating:							
current validity of rating/licence: type of aircraft:							
6. Documents to	he att	ached			•		
 a) a copy of expired licence, b) a copy of the medical certificate according to Part-MED required for obtaining the licence or rating(s) to be converted, c) a copy of the DR-01 form filled out, signed and stamped by the instructor (only in case of SEP/TMG) or training organization, d) in the case of flight instructor, a copy of the certificate issued by the training organization certifying participation in the 							
flight instructor ref			6 1 1		1 /		
e) a copy of the exam report on the successful completion of the skills check/competence assessment exam,							
f) a copy of the double page of the flight log containing the survey flight, g) a copy of the double page of the flight log containing the skills check/competence assessment exam,							
h) document confirming the payment of the amount corresponding to the fee applicable to the application can be found in							
Annex I of GKM Decree 3/2002.							
7. Applicant's declaration							
I hereby declare that - all the information given above is correct to the best of my knowledge without concealing any relevant data or providing any misleading or false information. I acknowledge that in the event of providing false or misleading information, the CAA may deny to issue, or, revoke the pilot licence I am aware of the relevant part of regulation related to the subject of my application.							
- as per AMC1 ARA.GEN.315(a):							
(1) I am not holding any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the							
same category issued in another Member State;							
(2) I have not applied for any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category in another Member State; and							
(3) I have never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the							
same category issued in another Member State which was revoked or suspended in any other Member State.							
place and date of signature:							
signature of applicant:							