



ГД "ГВА"  
DG CAA

**ЗАЯВЛЕНИЕ**  
**ЗА ПРЕОБРАЗУВАНЕ, СЪГЛАСНО PART-FCL, НА СВИДЕТЕЛСТВО ЗА**  
**ПРАВОСПОСОБНОСТ НА ПИЛОТ, ИЗДАДЕНО СЪГЛАСНО ПРИЛОЖЕНИЕ 1 НА ИКАО**  
**ОТ ФЕДЕРАЛНА АВИАЦИОННА АДМИНИСТРАЦИЯ (FAA) НА САЩ**  
**APPLICATION FOR CONVERSION OF FAA PILOT LICENCE INTO PART-FCL**  
**PRIVATE PILOT LICENCE (PPL(A)) IN ACCORDANCE WITH BASA**

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ПОПЪЛВА СЕ ОТ ГД ГВА	№	ДАТА	ПЛАТЕНА ТАКСА
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**ЧАСТ I – ДАННИ НА ПИЛОТА**  
**PART I: FAA AIRMAN STATUS**

<b>PART-FCL LICENCE APPLICATION FORM</b>											
IT IS REQUIRED THAT THIS FORM BE FILLED AND SIGNED BY THE CANDIDATE											
THE FIRST PART OF THIS FORM NEEDS TO BE FILLED IN WITH THE DETAILS OF THE FAA AIRMAN CERTIFICATE AND ITS ENDORSEMENTS. THESE ITEMS WILL BE VERIFIED IN CONSULTATION WITH FAA. THE SECOND PART CONCERNS THE APPLICATION FOR THE EU LICENCE ITSELF.											
ITEM	ICAO ANNE X 1	DESCRIPTION	IN ACCORDANCE WITH THE CHICAGO CONVENTION ON INTERNATIONAL CIVIL AVIATION, ARTICLE 29,C); 32,A); 40; AND ANNEX 1 TO THE CONVENTION, PARA 1.2.1.								
1	(i)	STATE OF LICENCE ISSUE	USA								
2	(ii)	CATEGORY/CLASS OF FAA CERTIFICATE	AEROPLANES: PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/>								
3		LICENCE ISSUE DATE	(DD/MM/YYYY)								
4	(iv)	FULL NAME (LAST AND FIRST NAMES)	(LAST NAME, FIRST NAME)								
5	(iv A)	DATE OF BIRTH (DD/MM/YYYY)	(DD/MM/YYYY) .....								
6	(xiv)	OTHER DETAIL (FOR EXAMPLE PLACE OF BIRTH)									
7	(v)	ADDRESS: PERMANENT ADDRESS:									
8		POSTAL ADDRESS: CONTACT DETAILS: EMAIL: PHONE NUMBER:									
9	(vi)	NATIONALITY									
10	(viii)	ISSUING AUTHORITY (CONDITIONS UNDER WHICH THE LICENCE WAS ISSUED, WHERE NECESSARY)	FAA								
11	(xii)	VALID AND NON-EXPIRED RATINGS/PRIVILEGES AND CERTIFICATES HELD (ONLY CLASS OR INSTRUMENT RATINGS)	<table border="1"> <thead> <tr> <th>RATINGS AND CERTIFICATES</th> <th>ISSUE DATE (DD/MM/YYYY)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	RATINGS AND CERTIFICATES	ISSUE DATE (DD/MM/YYYY)						
RATINGS AND CERTIFICATES	ISSUE DATE (DD/MM/YYYY)										
<b>12.. EXPIRED RATINGS: N/A</b>											
13	(xiii)	REMARKS, I.E., SPECIAL ENDORSEMENTS RELATING TO LIMITATIONS, RESTRICTIONS AND ENDORSEMENTS FOR PRIVILEGES (E.G.: LANGUAGE PROFICIENCY LEVEL AND VALIDITY (ENGLISH, OTHERS))	SPECIAL ENDORSEMENTS:  LAST FLIGHT REVIEW IN ENGLISH (FOR LANGUAGE REQUEST)      DATE (DD/MM/YYYY):								
<b>14. DETAILS ON COMPLETION OF THEORETICAL-KNOWLEDGE OR FLIGHT INSTRUCTION, THEORETICAL-KNOWLEDGE EXAMINATION OR SKILL TEST IN OTHER MEMBER STATES, IF APPLICABLE : N/A</b>											
15		PAST OR PENDING ENFORCEMENT ACTION. SPECIFY IF THERE IS A CURRENT INVESTIGATION INTO THE MEDICAL CERTIFICATE AND LICENCE, OR SUSPENSION OR REVOCATION THEREOF.	YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, PLEASE GIVE DETAILS ON A SEPARATE PAGE.)								
16		IS THE LICENCE IN POINT 2 A VALIDATION ISSUED BY THE FAA ON THE BASIS OF A LICENCE ISSUED BY ANOTHER CONTRACTING STATE TO THE CHICAGO CONVENTION. E.G. HAS IT BEEN RENDERED VALID ACCORDING 1.2.1 OF ANNEX 1 OF THE CHICAGO CONVENTION?	YES <input type="checkbox"/> NO <input type="checkbox"/> (PLEASE ADD DETAILS HEREUNDER)								
17		INITIAL PART-MED MEDICAL CERTIFICATE:	DATE OF ISSUE: (DD/MM/YYYY) DATE OF EXAMINATION: (DD/MM/YYYY) CLASS:								

**ЧАСТ II - ЗАЯВЛЕНИЕ ЗА PART-FCL СВИДЕТЕЛСТВО ЗА ЛЕТАТЕЛНА ПРАВОСПОСОБНОСТ НА ЛЮБИТЕЛ ПИЛОТ НА САМОЛЕТА**  
**PART II - APPLICATION FOR PART-FCL PPL(A) LICENCE**

I, _____ (LAST NAME, FIRST NAME) HEREBY APPLY FOR A PART-FCL LICENCE OR RATING.											
<b>TYPE OF LICENCE APPLIED FOR:</b>		<b>PRIVATE PILOT LICENCE -</b>			<b>AEROPLANES:</b>			<input type="checkbox"/> <b>NONE</b>		<input type="checkbox"/>	
<b>RATING'S APPLIED FOR:</b>	<b>SEP(L)</b>	<input type="checkbox"/>	<b>MEP(L)</b>	<input type="checkbox"/>	<b>NIGHT RATING</b>	<input type="checkbox"/>	<b>IR(A) FOR SE</b>	<input type="checkbox"/>	<b>IR(A) FOR ME</b>	<input type="checkbox"/>	
<b>HOLDER OF A PART-FCL LICENCE:</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	<b>IN CASE OF HOLDER OF A PART-FCL LICENCE:</b>						
<b>PART-FCL LICENSE NUMBER:</b>											
<b>TYPE OF LICENSE:</b>											
<b>STATE OF LICENSE ISSUE:</b>											
HAVE YOU PASSED THE EU THEORETICAL-KNOWLEDGE OR FLIGHT INSTRUCTION, THEORETICAL-KNOWLEDGE EXAMINATION OR SKILL TEST IN ANOTHER EU MEMBER STATE THEN THIS ONE?								<b>YES</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
If YES, PLEASE INDICATE WHICH COUNTRY:											
<b>THEORETICAL KNOWLEDGE EXAMINATION:</b>											
<b>FLIGHT INSTRUCTION:</b>											
<b>SKILL TEST:</b>											
I HEREBY DECLARE, THAT I HAVE NOT SUBMITTED ANY OTHER REQUEST TO ANOTHER COMPETENT AUTHORITY OF A MEMBER STATE OF EASA.											
I DO NOT HOLD ANY PART-FCL, PART-BFCL OR PART-SFCL IN ANY OTHER MEMBER STATE OF EASA.											
I HAVE NEVER HELD ANY PERSONNEL LICENSE, CERTIFICATE, RATING, AUTHORIZATION 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.											
I HAVE FULLY REVIEWED THE NEWSLETTER No.45-50-5/16.12.2021 AND HAVE SUBMITTED ALL OF THE NECESSARY PAPERWORK FOR MY APPLICATION TO BE CONSIDERED.											
I HEREBY DECLARE THAT THE INFORMATION PROVIDED ON THIS APPLICATION FORM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY BELIEF AND KNOWLEDGE. I UNDERSTAND THAT IN ACCORDANCE WITH ART. 313 PENAL CODE OF THE REPUBLIC OF BULGARIA, IT IS AN OFFENCE TO MAKE ANY FALSE REPRESENTATION WITH THE INTENT TO OBTAIN A LICENSE, WHICH IS PUNISHABLE BY THE BEFOREMENTIONED ARTICLE.											
I HEREBY DECLARE, THROUGH MY SIGNATURE BELOW, THAT I AUTHORIZE THE FAA TO VERIFY THE CONTENTS OF THIS APPLICANT FROM INFORMATION DERIVED FROM MY AIRMEN RECORD MAINTAINED BY THE FAA IN ACCORDANCE WITH THE PRIVACY ACT, UNDER PRIVACY ACT SYSTEM OF RECORD, AVIATION RECORD ON INDIVIDUALS, SORN 847.											
<b>SIGNATURE OF THE APPLICANT</b>				<b>DATE OF APPLICATION</b>			<b>(DD/MM/YYYY)</b>				
<b>ДОКУМЕНТИ, ПРИЛОЖЕНИ КЪМ ЗАЯВЛЕНИЕТО</b>										<b>САМО ГДГВА</b>	
FAA PILOT CERTIFICATE										<input type="checkbox"/>	
VALID MEDICAL CERTIFICATES (FAA AND EU-PART MED)										<input type="checkbox"/>	
PASSPORT OR EQUIVALENT PROOF OF IDENTITY										<input type="checkbox"/>	
LOGBOOK TO SHOW OTHER RELEVANT INFORMATION, E.G. EXPERIENCE, THE LAST FLIGHT REVIEW, THE TRAINING PERFORMED										<input type="checkbox"/>	
SKILL TEST FORM										<input type="checkbox"/>	
WRITTEN DOCUMENTATION TO DEMONSTRATE THE CURRENCY AS STATED IN (11) ABOVE										<input type="checkbox"/>	
ANY OTHER DOCUMENTS AS REQUESTED BY THE DG CCA-BULGARIA										<input type="checkbox"/>	
<b>SIGNATURE OF THE APPLICANT</b>				<b>DATE OF APPLICATION</b>			<b>(DD/MM/YYYY)</b>				
ANY INCORRECT INFORMATION COULD DISQUALIFY THE APPLICANT FROM BEING GRANTED A PERSONNEL LICENCE, CERTIFICATE, RATING, AUTHORISATION OR ATTESTATION. IN CASE OF DOUBTS, THE COMPETENT AUTHORITY SHOULD CONTACT THE COMPETENT AUTHORITY OF THE MEMBER STATE WHERE THE APPLICANT MAY HAVE PREVIOUSLY HELD ANY PERSONNEL LICENCE, CERTIFICATE, RATING, AUTHORISATION OR ATTESTATION OR CONTACT THE FAA FOR ANY FURTHER INFORMATION.											