

| FORM No.: BCAA/PEL/9 | 9511/REV 7 Las | st Updated: 1 | .0-Apr-2025 |
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APPLICATION FOR FCL CERTIFICATE OF VALIDATION

The validation of flight crew licences granted by ICAO contracting States is in accordance with the provisions of Article 57 of the Air Navigation (Overseas Territories) Order 2013, and with the standard set out in paragraph 1.2.1 of Annex 1 (Personnel Licensing) to the Convention on International Civil Aviation and is effected by the Bermuda Civil Aviation Authority for the purpose of operating Bermuda registered aircraft.

This form should be completed by the airman requesting the Certificate of Validation (CV) and submitted electronically to licencing@bcaa.bm, together with scanned certified copies of the following supporting documentation (the applicant must ensure that all scanned documents are legible – illegible documents will delay the validation process):

- 1. Pilot's Licence / Certificate showing applicable aircraft type rating and licence validity (including Certificates of Test and/or Licence Proficiency Checks, see Note 4 & 5 below);
- Documentary evidence from the issuing State, verifying the validity of the submitted Pilot's Licence /Certificate (initial & renewal applications - see Note 2 below);
- 3. Current medical certificate issued by same regulatory authority as pilot's licence (not applicable to EASA member States);
- 4. Evidence of proficiency in the English language (see Note 3 below);
- 5. Radio Operator's Permit / Licence (issued by the same State as pilot's licence); and
- 6. Confirmatory letter of employment (not applicable to "Freelance" applications, see Note 7 below).

NOTES - Applicants should read these notes carefully before completing the application form.

A. General

- Note 1. Certificate of Validations issued must not exceed the validity of the FCL license, as determined by the medical certificate, the PPC, State of Licencing requirements, etc. Therefore, to maintain compliance with ICAO Annex 1, starting from the 1st of June 2025 the BCAA will issue Flight Crew Licence Certificates of Validation (FCL CV) for a period of up to but not exceeding, two (2) years. For further information refer to: NOTICE OPSN-02-2025
- **Note 2.** All Applicants for an initial/renewal granting of a Certificate of Validation need to have the particulars of their licence verified by the appropriate section or department of the Aviation Authority that issued the licence.
- **Note 3**. Applications for a Certificate of Validation will not be entertained unless the Applicant has been assessed as having achieved Level 4, or higher, proficiency in English Language in accordance with the ICAO standard in Annex 1.2.9.1.
- Note 4. Evidence of completion of a proficiency check on the aircraft type for which application is made, within one year of application, must be provided. This must be in the form of a licence endorsement or for FAA Certificate holders only, a completed pilot proficiency check form. The Bermuda CAA does not accept F.A.A. Second in Command (SIC) proficiency checks nor Temporary Certificates for initial issue of F.A.A. Licences.
- **Note 5.** Documents not in English must be accompanied by an official translation.
- **Note 6.** Incomplete applications, applications received without the required supporting documentation or applications not accompanied by the requisite fee, if required, may not be processed.
- **Note 7.** All initial applicants for a Certificate of Validation are to obtain a letter from the Owner or Operator stating that the applicant is to be engaged as Flight Crew. This letter is to be on paper with a Company logo or similar identifier.

B. Fee

| Initial Certificate of Validation (CV), linked to an Operator or specific registration mark(s) | \$ 200.00 |
|---|-------------|
| Renewal of a Certificate of Validation (CV), linked to an Operator or specific registration mark(s) | \$ 200.00 |
| Initial issue of a "Freelance" Certificate of Validation (CV) | \$ 1,500.00 |
| Renewal of a "Freelance" Certificate of Validation (CV) | \$ 1,500.00 |

<u>The Air Navigation (Fees for Certificates and Services) Regulation 2022</u> is available on <u>www.bcaa.bm</u> Online payment is now available via the BCAA website on our <u>Pay Online</u> page. E-mail <u>receivables@bcaa.bm</u> for further instructions related to the BCAA's payment methods.

C. Certification

The Bermuda Civil Aviation Authority will accept faxed or scanned documents in support of applications for Certificates of Validation

Copies of documentation submitted in support of an application for a CV must be certified.

The following persons are acceptable to the Bermuda Civil Aviation Authority for the certification of documentation:

- Persons who have been found to be acceptable to the Director General of Civil Aviation, such as Accountable Managers, Quality Managers, Chief Pilots and Check Airmen. (Apply to BCAA Licencing for authority to certify documents as being true copies);
- 2. Officials of the Aviation Authority of the State that issued the pilot's licence or the State where the pilot or operator is located;
- 3. Persons holding a delegation, authorization or otherwise approved as Inspector, Flight Examiner or Check Airman under the civil aviation regulations of the State that issued the pilot's licence or the State where the pilot or operator is located; and
- 4. Justices of the Peace, Notary Publics or persons otherwise similarly approved or authorized under the law of the state in which the certification is made or the State of issuance of the pilot's licence.

Each copy of the document must be signed separately with the words "CERTIFIED COPY OF THE ORIGINAL" and the signature of the certifying officer clearly shown. The name, office and registration number (if applicable) of the certifying officer should be legibly printed below the signature. A single certification (in the above format) of all supporting documentation may be accepted provided it identifies all documentation by title, and number if applicable, and the certification is affixed in a manner preventing separation from the documentation to which it relates

D. Form Items

- Name Enter your full name in the following order: Last (Surname), First (Given Name), Middle Name.
- 2. Address & Contact Information Enter your normal permanent address and contact numbers. If present contact information differs to permanent information, you should provide this information in addition to the permanent contact information to enable BCAA to contact you should there be any questions concerning the application.
- 3. Company Name, Address & Contact Information Enter the name and address of the company/operator who employs you. The address should reflect the normal address of the company, not the registered address of the Bermuda registered company.
- 4. Application Information Enter whether the application is for an Initial, Renewal CV or Additional Aircraft Type to an existing CV.

- 5. Aircraft information Enter the type and registration of the Bermuda registered aircraft that you will operate.
- 6. Crew Capacity If you will be acting as PIC and SIC, check both boxes.
- 7. Date of Birth In the following order: day month year.
- 8. Nationality Enter citizenship.
- Licence to be validated Provide all requested information concerning the licence to be validated.
- 10. Flight Time Enter flight times as appropriate.
- 11. Date of Licence Proficiency Check BCAA requires all applicants for a CV to complete an annual proficiency check on the aircraft type. If an annual proficiency check is required to maintain the validity of your pilot's licence, for example an EASA Licence Proficiency Check, enter the date of your most recent check here and include evidence of completion.
- 12. Date of Instrument Rating Renewal If a flight test is required to maintain the validity of your instrument rating, enter the date of last test here. If the instrument rating renewal is accomplished concurrently with the test described at item 10, for example an EASA Licence Proficiency Check, re-enter the date entered at 10 here.
- 13. Training Enter dates of initial training in the aircraft type described in item 4 and the date of most recent training in the aircraft type.
- 14. Name & Address & Authority of Certifying Agent Enter the name, address (including contact numbers), and authority (e.g. Notary Public, Inspector, Examiner, etc.) of the person certifying the copies of the documentation submitted in support of the application.
- 15. Legislation
 - (a) The Air Navigation (Overseas Territories) Order 2013 may be found on the ASSI website (www.airsafety.aero).
 - b) Overseas Territories Aviation Requirements (OTAR) Parts 61, 91 and 125 may be found on A.S.S.I. website (www.airsafety.aero).
- 16. Compliance Statement By checking the box, the applicant confirms the accuracy and validity of the information supplied. If not checked the application will be refused.

Application Checklist – the following items must accompany any application:

| ☐ Payment in accordance with <u>The Air Navigation (Fees for Certificates and Services) Regulation 2022</u> . |
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| ☐ Verification of licence details from State of issue (initial issues). |
| ☐ Certified copy of Current medical certificate. |
| Certified copy of pilot's licence showing applicable aircraft type rating, language proficiency (note 2) and |
| licence currency (including Licence/Pilot Proficiency Checks). |
| ☐ Certified copy of radio operator's licence. |
| ☐ Confirmatory letter of employment (<i>not applicable to "Freelance" applications</i>). |
| |

TYPE OR PRINT IN BLUE OR BLACK INK

| 1. | FULL NAME | | | | | | | |
|------------------|--|---------------------------|------------------------|---------------------|---------------------|--|--|--|
| | | Last | F | irst | Middle | | | |
| 2. | ADDRESS & CONTACT INFORMATION | | | | | | | |
| | phone: | | fax: | email: | | | | |
| 3. | OPERATOR'S NAME, ADDRESS & CONTACT INFORMATION | | | | | | | |
| | phone: | | fax: | email: | | | | |
| 4. | APPLICATION INFORMATION: | INITIAL | RENEWAL | ADDITIONAL TYPE | <u> </u> | | | |
| 5. | AIRCRAFT FOR WHICH VALIDATIO | N IS REQUIRED: | TYPE: | REG: | | | | |
| 6. | CREW CAPACITY OF APPLICANT: | P.I.C. | S.I.C. | F.E. FREELA | ANCE | | | |
| 7. | DATE OF BIRTH (DD-MM-YY): | | 8. | NATIONALITY: | | | | |
| 9. | LICENCE TO BE VALIDATED | | | | | | | |
| | COUNT | ΓRY | | EXPIRATION. DATE | | | | |
| | TY | /PE | | DATE OF MEDICAL | | | | |
| | NUME | BER | | CLASS | | | | |
| | LICENCE RESTRICTIO | NS | | MEDICAL LIMITATIONS | | | | |
| | ISSUE DA | ATE | | RADIO OP. LIC. NO. | | | | |
| 10. | FLIGHT TIME | | | AEROPLANES | HELICOPTERS | | | |
| | TOTAL TIME AS PIC | | | 7.2.13. 2.11.23 | | | | |
| (a) | | | | | | | | |
| (b) | TOTAL TIME AS SIC | | | | | | | |
| (c) | | | | | | | | |
| (d) | PIC ON TYPE LAST 12 MONTHS | | | | | | | |
| (e) | SIC ON TYPE LAST 12 MONTHS | | | | | | | |
| (f) | SIMULATOR TIME ON TYPE | | | | | | | |
| (g) - | -TOTAL F.E. TIME | | | | | | | |
| (h) | F.E. TIME ON TYPE | | | | | | | |
| (i) | F.E. TIME ON TYPE LAST 12 MONTH | HS | | | | | | |
| 11. | DATE OF LICENCE PROFICIENCY O | CHECK (provide evidence): | | | | | | |
| 12. | DATE OF INSTRUMENT RATING RE | NEWAL (provide evidence): | | | | | | |
| 13. | TRAINING | RCRAFT TYPE | DATE (DD-MM-YY) | PLACE (FA | ACILITY & LOCATION) | | | |
| 14. | AUTHORITY, NAME & ADDRES | S OF CERTIFYING AGE | NT: AUTHORITY | | | | | |
| NAME | : : | ADDRESS: | | | | | | |
| | Locritify that the licence I am applying to have validated is current. I certify that the above information is true and correct to the best of my knowledge and that I am ful conversant with the requirements of the Bermuda legislation contained in the Air Navigation (Overseas Territories) Order 2013, as amended and Overseas Territories Aviation Requirements (OTAR) Parts 61, 91 and 125. It is an offence to make, with the intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal, or variation of a Certificate of Validation. Any person so doing shall be liable on summary conviction, to a fine and on conviction on indictment a fine or imprisonment for a term not exceeding two years, or both. | | | | | | | |
| 16. | COMPLIANCE STATEMENT: | i agree that the in | formation submitted is | correct: DAT | E (DD-MM-YY): | | | |