



Flight Operations Standards Department
General Aviation & Training Section
Balloon Pilot License (BPL) Issuance Application Form

A. FOR APPLICANT USE ONLY

1. Personal Details.

| | | | |
|---|--|---------------|-----------------------|
| • Applicant Name | | | |
| • Address | | | |
| • Mobile Tel. No | | | |
| • Date & Place of Birth | | • Nationality | |
| • I hereby declare that the information given in this form is true, correct & completed | | | • Applicant Signature |

2. Application Details.

| | |
|--|---|
| • I am applying for Balloon Pilot License (BPL): | |
| Class | <input type="checkbox"/> Hot-air balloons /Groups: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Gas balloons <input type="checkbox"/> Hot-air airships |
| Rating | <input type="checkbox"/> Commercial operations <input type="checkbox"/> Tethered Balloon Flights <input type="checkbox"/> Night Flights ((if applicable)) |

3. JCAR-Medical Certificate Held Details.

| Class | Expiry Date | AME Name | Limitations |
|---|-------------|----------|-------------|
| <input type="checkbox"/> 1 <input type="checkbox"/> 2/IR <input type="checkbox"/> 2 | | | |

4. Balloon Pilot License (BPL) Issuance Requirements.

| No | JCAR-PART ARO (1&2) requirements | | |
|----|---|---|--|
| a | Shall be at least 17 years of age | Date of birth | |
| b | Hold valid JCAR-Medical at least Class 2. <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2/IR <input type="checkbox"/> Class 2 | Valid until | |
| c | JCAR-English language Level <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | Expiry date | |
| d | Shall complete a training course at an approved training organization. | Completion date | |
| e | Theoretical Knowledge : <input type="checkbox"/> Passed JCAR-(BPL) Theoretical knowledge examination.* | Passed | |
| f | Theoretical knowledge examinations credit (if applicable) <input type="checkbox"/> Applicants for a BPL who held an LAPL (B) with at least 16 hrs of flight time on balloons within the period of 2 years before the application shall be fully credited towards the requirements of theoretical knowledge examination. <input type="checkbox"/> Applicants for a BPL whom hold a valid CPL/IR & having passed the theoretical knowledge examination for CPL are credited with the theoretical knowledge requirement for a BPL. | credited | |
| g | Flight Experience: (Hot-air balloons / Gas balloons / Tethered Balloons). Applicants for a BPL shall have completed on balloons of the same class and group: • At least 16 Hrs of flight instruction, including at least: | Hrs | |
| | <input type="checkbox"/> Twelve (12) hrs of dual flight instruction | Hrs | |
| | <input type="checkbox"/> Including 10 inflations, | Inflation No. | |
| | <input type="checkbox"/> 20 take-offs and | Take off No. | |
| | <input type="checkbox"/> 20 landings | Landing No. | |
| | <input type="checkbox"/> One (1) supervised solo flight with a minimum flight time of at least 30 minutes. | Hrs | |
| h | Flight experience credit (if applicable) <input type="checkbox"/> Applicants for a BPL holding an LAPL (B) with at least 16 hrs of flight time on balloons shall be fully credited towards the requirements for the issue of a BPL | credited | |
| i | Pass BPL Skill Test with an examiner on a balloon in the specific class | Passed | |
| j | Commercial Operation rating (if applicable) <input type="checkbox"/> Shall be at least 18 years of age - Commercial operations <input type="checkbox"/> PIC on balloons Completed 50 hours of flight time and <input type="checkbox"/> 50 take-offs and <input type="checkbox"/> 50 landings <input type="checkbox"/> Passed a proficiency check with an examiner on a balloon in the specific class. | Date of birth Hrs Take off No. Landing No. Passed | |
| k | Night Flying / Rating (if applicable) | | |

* At discretion of CARC the theoretical knowledge examinations of the PPL may conducted for BPL applicants.





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5. Instructor Recommendation.

| | | |
|---|------------------|-------------|
| <ul style="list-style-type: none"> I hereby certify that, the applicant meets JCAR-PART ARO(1&2) requirements for Balloon Pilot License skill test on <input type="checkbox"/> Hot-air balloons/Groups: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C , <input type="checkbox"/> Gas balloons, <input type="checkbox"/> Hot-air airships, <input type="checkbox"/> Tethered Balloon Flights | | |
| Name | Signature | Date |
| | | |

6. Head of Training Recommendation.

| | | |
|--|--------------------|--|
| <ul style="list-style-type: none"> I hereby certify that, the applicant meets JCARs requirements for Balloon Pilot License skill test, and I have checked the applicant license, log book, medical and training records, I am satisfied that the information contained in this application is correct | | |
| • Head of Training Name | • Date | |
| • FTO Name | • Signature | |

B. FOR CARC USE ONLY

1. Examiner Designation.

| | | |
|--|------------------|-------------|
| <ul style="list-style-type: none"> The under signed, Chief of General Aviation & Training Section authorises the FE Capt..... to conduct Balloon Pilot License skill test on <input type="checkbox"/> Hot-air balloons/Groups: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C , <input type="checkbox"/> Gas balloons, <input type="checkbox"/> Hot-air airships, <input type="checkbox"/> Tethered Balloon Flights | | |
| Name | Signature | Date |
| | | |

2. Examiner Recommendation. (FE notified by CARC)

| | | |
|----------------------------|-------------------------|---------------------------------|
| • Date | • Departure/Destination | |
| • ATO Name | • Landing time | |
| • Balloon Type & number | • Total flight time | |
| • Take off time | • BPL Skill Test | <input type="checkbox"/> Passed |
| • Examiner recommendations | | |
| Examiner Name | Signature | Date |
| | | |

3. CARC Recommendation.

| | | |
|---|---|-----------------------|
| • BPL issuance | <input type="checkbox"/> Approved <input type="checkbox"/> Not approved | |
| • BPL privileges | <input type="checkbox"/> Pilot-in-command or co-pilot of Balloon class <input type="checkbox"/> Hot-air balloons/Groups: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C , <input type="checkbox"/> Gas balloons, <input type="checkbox"/> Hot-air airships , <input type="checkbox"/> Tethered Balloon Flights without remuneration in non-commercial operations, <input type="checkbox"/> Pilot-in-command or co-pilot of Balloon class <input type="checkbox"/> Hot-air balloons/Groups: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C , <input type="checkbox"/> Gas balloons, <input type="checkbox"/> Hot-air airships, <input type="checkbox"/> Tethered Balloon Flights engaged in commercial operations | |
| • Class Rating details | <input type="checkbox"/> Commercial operations rating <input type="checkbox"/> Tethered Flights rating <input type="checkbox"/> Night Flights | • Rating expiry date |
| • License details | • BPL | • License expiry date |
| • JCAR-Medical Class | <input type="checkbox"/> 1 <input type="checkbox"/> 2/IR <input type="checkbox"/> 2 | • Medical Expiry date |
| • Remarks | | |
| Flight Operations Inspector Name | Signature | Date |
| | | |

C. SUPPORTING DOCUMENTS.

- Cover Letter from the FTO for Balloon Pilot License skill test examiner designation
- This application form
- Certified Copy of related log book pages
- Copy of valid JCAR Medical certificate
- Copy of valid JCAR Balloon Pilot License theoretical knowledge examination pass certificate
- One photo
- After the conduct of the Balloon Pilot License skill test:
 - This application form
 - Balloon Pilot License Skill Test Report

