



APPLICATION FORM FOR REVALIDATION / RENEWAL OF SINGLE OR MULTI-PILOT CLASS OR TYPE RATING – AEROPLANES (INCLUDING POWERED LIFT AIRCRAFT)

Please complete in BLOCK CAPITALS using black or dark blue ink

FALSE REPRESENTATION STATEMENT
It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. Persons so doing render themselves liable, on summary conviction, to a severe fine and/or imprisonment.

1. APPLICANT DETAILS	
Cyprus DCA Ref. Number:	<input type="text"/>
Surname:	Forename(s):
Date of Birth:	Nationality:
Town of Birth:	Country of Birth:
Permanent Address:	
Telephone:	Mobile telephone:
e-mail:	
Address for Correspondence (if different from above):	

2. MEDICAL FITNESS			
State of Issue	Class of Medical Certificate held	Date of last Medical	DCA use only

Note: Your Medical Certificate must be valid on the licence issue date. If your medical certificate is due to expire within 14 days after the date of application for licence issue, please complete the following:

My medical examination will take place at: on:

A licence will not be issued to any person unless their medical records supporting their Part-MED medical certificate are held by the Cyprus Aeromedical Section. European Commission Regulation (EU) No.1178/2011 as amended, requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records (Part-MED.A.030 and Part-FCL.015).

3. PARTICULARS OF NON-EASA LICENCES HELD			
Issuing Authority	Type/Class of Licence	Licence No.	Expiry Date

4. RATINGS HELD						
Please give the date of the most recent Skill Test, Proficiency Check or Revalidation by Experience for each type and/or class rating and any instructor certificate to be endorsed on your Part-FCL licence						
Rating or Certificate held	Single Pilot (SP) or Multi-Pilot (MP)	Date of Test	Date of IR Test (if applicable)	Expiry Date of Rating	Examiner's Licence Number and Name	DCA Use Only

5. APPLICATION FOR REVALIDATION / RENEWAL (tick as appropriate)
<p>I am applying for the Revalidation <input type="checkbox"/> or Renewal <input type="checkbox"/></p> <p>Type <input type="checkbox"/> Class Rating <input type="checkbox"/> (please specify including variants):</p> <p>Aeroplane <input type="checkbox"/> Powered Lift Aircraft <input type="checkbox"/> including Type specific IR <input type="checkbox"/> new rating valid until:date</p> <p>MP <input type="checkbox"/> SP <input type="checkbox"/> Both <input type="checkbox"/> Co-pilot <input type="checkbox"/> LV (CAT II/III) <input type="checkbox"/> Cruise Relief Pilot <input type="checkbox"/></p> <p>Instrument Rating (SPA) only</p> <p>Instrument Rating (SPA) SE <input type="checkbox"/> ME <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/> new rating valid until:date</p> <p>The Certificate of Revalidation has been signed and the rating is valid until(date)</p> <p>or I required the DCA to reissue my licence with the revalidated rating: <input type="checkbox"/></p>

6. CONFIRMATION OF PROFICIENCY TEST (tick as appropriate)

- I have completed a Proficiency Check for the Revalidation of the above Class or Type rating including IR
- I have completed a Proficiency Check for the Renewal of the above Class or Type rating including IR

Proficiency test date: Aircraft type and registration:

FSTD Identification Number:

Note: Applicants are advised that the licence will not be issued until the corresponding Examiner's Report Form is received

7. DECLARATION OF APPLICANT

I DECLARE that the information given on this form is correct and I have submitted all of the necessary paperwork for my application to be considered.

Applicant's Signature: Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

8. PAYMENT METHOD

Please complete and submit form LIC/ACC/01 as per instructions on section 9 of this form.

9. SUBMISSION INSTRUCTIONS

Send your completed application form to:

Department of Civil Aviation,
Licensing Section,
27 Pindarou Street,
1060 Nicosia, Cyprus

The following additional information is required to be provided:

	Tick submitted documents	DCA Use only
Examiner's Report form	<input type="checkbox"/>	
Copy of a valid Medical Certificate issued in accordance with Part-MED (Validity date must be sufficient to cover the anticipated license issue date);	<input type="checkbox"/>	
Evidence of identity. (Current passport, Birth Certificate or Cyprus Identity card);	<input type="checkbox"/>	
Originals of all non-EASA licences. Photocopies are not acceptable	<input type="checkbox"/>	
Copy of Course Completion Certificate (if applicable)	<input type="checkbox"/>	
Additionally, if training and/or testing has taken place outside of Cyprus:		
Copy of Part-ORA Approved Training Organisation approval certificate;	<input type="checkbox"/>	
Copy of Examiner's approval certificate and licence	<input type="checkbox"/>	

Please note that failure to submit all of the required documentation may lead to a delay in the processing of your application.

Guidance for Certification of Original Documents

The following people can act as 'certifiers':

- Head of Training or Quality Manager of Approved Training Organisation.

Instructions for the certifier of your original documents are as follows:

1. Insert on the copy to be enclosed with the application: 'I have seen the original document and I certify that this is a complete and accurate copy of the original'.
2. Insert signature and date.
3. Certifier's name must be printed in block capitals.
4. Must include position or capacity, e.g. Head of Training

10. FOR DCA USE

Enclosures/Remarks
(by Licensing Administrator)

Checked by:

Signed:

Date: