



### APPLICATION FORM FOR AN EN ROUTE INSTRUMENT RATING (EIR) IN A PART-FCL PILOT'S LICENCE (AEROPLANES ONLY)

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	
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 an Aeromedical Centre located in Cyprus. 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 (tick as appropriate)

I am applying for:

Initial Issue       Revalidation\*       Renewal

EIR/SE       EIR/ME       EIR/SE to EIR/ME (only for Initial Issue)

to be endorsed onto my Part-FCL  licence

PPL(A)       CPL(A)

\* only for the case that Certificate of Revalidation page ( Section XII) has no space for further endorsements

#### 6. PARTICULARS OF INSTRUMENT RATING & COURSE COMPLETED To be completed by the Applicant

**En-Route Instrument Rating:**

I have completed a **full** approved course of training for the EIR

I have completed a reduced approved course of training for the EIR\*

I am applying for an EIR on the basis of a valid Third country ICAO IR(A) with at least 25 hours of flight time under IFR as PIC on aeroplanes and demonstrated to the examiner during the skills test an adequate level of Theoretical Knowledge.

**\*The approved course has been reduced on the basis of the following:**

Holding a Part-FCL pilot's Aeroplane licence with a valid single-engine EIR and a multi engine class or type rating.

Having completed instrument flight time under instruction with an IRI(A) or FI(A) holding the privilege to provide training for the IR or EIT.

7. ONLY For En-Route Instrument Rating RENEWAL		To be completed by the Applicant
<b>a.</b>	<b>If En-Route Instrument Rating expired more than 3 years</b>	<input type="checkbox"/>
-	I have completed a refresher training provided by an instructor as per FCL.825(g)(a)(i)	<input type="checkbox"/>
-	I have completed a proficiency check	<input type="checkbox"/>
<b>b.</b>	<b>If En-Route Instrument Rating expired more than 7 years</b>	<input type="checkbox"/>
-	In addition to the above, I have passed the EIR theoretical knowledge examinations as per FCL.615(b)	<input type="checkbox"/>

8. FLYING EXPERIENCE		To be completed by the Applicant		
		Total Aeroplane Hours	Hours completed on EIR course	CAA use only
<b>A. Cross-country flying</b>	Total PIC Hours of cross-country flight time in aeroplanes			
<b>B. Instrument Flying (Please annotate the relevant boxes for single or multi engine)</b>	Instruction from a qualified instructor in flight. (Not Part of the EIR Course) (single engine)			
	Flight time under IFR as pilot-in command (PIC) in aeroplanes (single engine)			
	Dual instruction from a qualified instructor in aircraft (Part of the EIR Course) (single engine)			
	Instruction from a qualified instructor in flight. (Not Part of the EIR COURSE) (multi engine)			
	Flight time under IFR as pilot-in command (PIC) in aeroplanes (multi engine)			
	Dual instruction from a qualified instructor in aircraft (Part of the EIR course) (multi engine)			
	<b>Section B Total Hours</b>			

<b>9. CONFIRMATION OF THEORETICAL KNOWLEDGE COURSE COMPLETED</b>	<b>To be completed by the ATO who conducted Theoretical knowledge Training</b>
<b>Category:</b> Aeroplanes <input type="checkbox"/> <b>Syllabus:</b> CBIR/EIR <input type="checkbox"/> IR <input type="checkbox"/> ATPL <input type="checkbox"/>	
Theoretical Knowledge training completed on course ..... hours	
Give details of Competent Authority with whom the Examinations were taken	
Certified copied of results to be provided with application and Certified copy of ATO approval Certificate (if training ATO and examinations not subject to CY CAA approval)	
Approved Training Organisation (ATO): ..... ATO Approval No.: .....	
Competent Authority issuing approval: ..... Name of Head of Training: .....	
Signature (Head of Training): ..... Date: .....	
<b>PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1</b>	

<b>10a. PART-FCL EN-ROUTE INSTRUMENT RATING COURSE CERTIFICATE</b>	<b>To be completed by the ATO</b>
I certify that (name)..... has satisfactorily met the pre-requisite requirements in accordance with Part-FCL prior to commencing training and has satisfactorily completed a course of training for the grant of an En route instrument rating. I further certify that I have examined the applicants flying logbook(s) and that the entries meet in full the flying experience requirements for the grant of an En route instrument rating in accordance with Part-FCL.	
Date EIR course started: ..... Date EIR course completed: .....	
<b>Aeroplanes:</b> The course consisted of:	
..... Hours dual instrument flight instruction in single engine aeroplanes	
..... Hours dual instrument flight instruction in multi engine aeroplanes	
Night Rating held: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>10b. FLYING CREDITS</b>	<b>To be completed by the ATO</b>
Additional information for applicants that have completed a reduced course of training	
The applicant has received a reduced approved course of instrument training (flying time under instruction) as:	
Has already completed ..... (hours) single engine/multi engine (delete as applicable) instrument flight time under instruction with an IRI(A) or an FI(A) holding the privilege to provide training for the IR or EIR, <input type="checkbox"/>	
or	
Holds a Part-FCL PPL(A), CPL(A) or ATPL(A) with a valid single-engine EIR and a multi engine class or type rating <input type="checkbox"/>	
The pre-entry assessment was conducted on (Date) ..... (DD/MM/YY)	
<b>10c. TEST RECOMMENDATION</b> (to be completed for all applications, with the exception of those applying on the basis of a valid ICAO IR with at least 25 hours of flight time under FIR as PIC on aeroplanes)	<b>To be completed by the ATO</b>
Recommended for skill test made by (name): .....Licence No.: .....	
Approved Training Organisation (ATO): .....ATO approval No.: .....	
Competent authority issuing approval: .....	
Name of Head of Training: .....	
Signature (Head of Training): ..... Date: .....	
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11. LANGUAGE PROFICIENCY						
Language	Date	Level	Pass		Examiner's Name & Signature	Reference Number
			Yes	<input type="checkbox"/>		
			No	<input type="checkbox"/>		
The above examinations were completed at .....(Test location)						

12. DECLARATION OF APPLICANT	
I DECLARE that the information given on this form is correct. I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.	
Applicant's Signature: .....	Date: .....
<b>PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1</b>	

13. SUBMISSION INSTRUCTIONS		
Send the completed application to: Department of Civil Aviation, Licensing Section, 27 Pindarou Street, 1060 Nicosia, Cyprus		
The following additional information is required to be provided:		
	Tick submitted document	DCA Use only
Original Part-Fcl License	<input type="checkbox"/>	
Examiner's Report form LIC-059	<input type="checkbox"/>	
Copy of Course Completion Certificate	<input type="checkbox"/>	
Evidence of identity. (Current passport, Birth Certificate or Cyprus Identity card)	<input type="checkbox"/>	
Valid medical Certificate issued in accordance with PART-MED (Validity date must be sufficient to cover the anticipated license issue date)	<input type="checkbox"/>	
Actual flying logbooks which must be certified at the last appropriate entry by the Head of Training / CFI	<input type="checkbox"/>	
Additionally, if training and/or testing has taken place outside of Cyprus:		
Copy of Theoretical Knowledge Examination Certificates	<input type="checkbox"/>	
Copy of Part-ORA Approved Training Organisation approval certificate	<input type="checkbox"/>	
Copy of Examiner's approval certificate and licence	<input type="checkbox"/>	
Additionally, for claimed Credits		
Original of third country licence with instrument rating in the same category of aircraft; or	<input type="checkbox"/>	
<b>Please note that failure to submit all of the required documentation may lead to a delay in the processing of your application.</b>		
If you are unable to find the information you require please contact our Licensing team on +35722404126/+35722404128 or email at <a href="mailto:eld@dca.mcw.gov.cy">eld@dca.mcw.gov.cy</a>		

**Note:** where copies are provided these should be certified as "True Copies" .

The following people can act as 'certifiers':

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

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

- i. 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'.
- ii. Insert signature and date.
- iii. Certifier's name must be printed in block capitals.
- iv. Must include position or capacity, e.g. Head of Training

#### 14. FOR DCA USE

Enclosures/Remarks  <i>(by Licensing Administrator)</i>			
Checked by:	Signed:	Date:	