



CERTIFICATE OF LANDING COMPLETION

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.

Please complete on screen or printed and complete in BLOCK CAPITALS using black or dark blue ink

1. APPLICANT DETAILS				To be completed by the Applicant			
DCA Ref. No (License or Medical number):							
Surname:				Forename(s):			
Date of Birth:		Nationality:		Country of Birth:			
Permanent Address:							
Mobile Telephone:				Email:			
Address for Correspondence (if different from above):							

2. MEDICAL FITNESS				To be completed by the Applicant			
State of Issue		Class of Medical Certificate held		Date of last Medical		DCA use only	
<p>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:</p> <p>My medical examination will take place (state place and date):</p> <p>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).</p>							

3. AIRCRAFT DETAILS		To be completed by the Applicant	
Aircraft type being applied for:			
Previous Experience on similar type(s) (specify type(s)):		Hours:	

4. CONFIRMATION OF FLIGHTS			To be completed by the Applicant		
<p>This is to certify that the above named Pilot has completed: Landings to a satisfactory standard in the above type following the completion of a Part-ORA Approved Type Rating Course and the application is now made for the grant of the Aircraft Rating. The details of the flight are as follows:</p> <p>In accordance with Part-FCL.720.A, a pilot with more than 500 hours MPA in aeroplanes of similar size and performance, should complete at least 4 landings including at least one full stop landing, unless otherwise specified in the OSD established in accordance with Regulation (EC) 1702/2003. In all other, a pilot should complete at least 6 landings.</p>					
Date of Aircraft Training:					
Aircraft Registration:					
Start Time:		Finish Time:		Total Flight Time:	
Number of Take Offs / Landings: /					
Airport(s) used:					
Approved Training Organisation (ATO) Name:					
ATO Approval Number:			Competent Authority Issuing Approval:		

5. DETAILS OF INSTRUCTOR		To be completed by the Applicant	
Forename:			Surname:
Licence Number:	Authorising Competent Authority:		
<i>Note – The instructor must have privileges to conduct aircraft take-off and landings or be specifically authorised by the Cyprus DCA. A copy of the instructor rating authorisation/certificate must accompany this form.</i>			
Instructor's Signature:			Date:
PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON ABOVE			

6. DECLARATION OF APPLICANT		To be completed by the Applicant	
I declare that the information provided on this form is correct.			
Signature:			Date:
PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON ABOVE			

Copies of this Certificate shall be submitted to (1) The Applicant (2) To the Cyprus DCA (3) To be retained by the Instructor in accordance with Commission Regulation (EU) 1178/2011.