



|                         |
|-------------------------|
| <b>FOR OFFICIAL USE</b> |
| Date of receipt:        |

**APPLICATION FORM FOR PROFESSIONAL LICENCE/INSTRUMENT RATING-HELICOPTERS**

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.**

|   |                   |
|---|-------------------|
| <b>1. APPLICANT DETAILS</b>                           |                   |
| 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): |                   |

|  |                                   |                      |              |
|--|-----------------------------------|----------------------|--------------|
| <b>2. MEDICAL FITNESS</b>  |                                   |                      |              |
| State of Issue   | Class of Medical Certificate held | Date of last Medical | DCA use only |
|  |                                   |                      |              |
|  |                                   |                      |              |
| <p><u>Note:</u></p> <ul style="list-style-type: none"> <li>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:</li> </ul> <p>My medical examination will take place at:..... on:.....</p> <ul style="list-style-type: none"> <li>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).</li> </ul> |                                   |                      |              |

| 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)  |   |
|---|---|
| <b>I am applying for the following helicopter licence and/or instrument rating:</b> |   |
| CPL <input type="checkbox"/>  | CPL/IR <input type="checkbox"/> ATPL <input type="checkbox"/> |
| Helicopter type rating (please specify): .....                                      |   |
| <b>Type of course(s) completed (if any):</b>  |   |
| Modular CPL <input type="checkbox"/>  | Modular IR <input type="checkbox"/>                           |
| Integrated CPL <input type="checkbox"/>   | Integrated CPL/IR <input type="checkbox"/>                    |
| Integrated ATP <input type="checkbox"/>   | Integrated ATP/IR <input type="checkbox"/>                    |
| <b>Conversions (if applicable):</b>   |   |
| ICAO CPL to CPL <input type="checkbox"/>  | ICAO CPL/IR to CPL/IR <input type="checkbox"/>                |
| ICAO ATP (VFR) to ATP & IR <input type="checkbox"/>                                 | ICAO ATP/IR to ATP/IR <input type="checkbox"/>                |
| DCA Use Only:   |   |

| 6. FLYING EXPERIENCE                       |   |                         |                     |              |  |
|--|---|-------------------------|---------------------|--------------|--|
| Type of Flight Time                        |   | Hours Claimed on Course | Total Hours Claimed | DCA Use Only |  |
| <b>A Total Experience as Pilot</b>         | As pilot in command (PIC)                       |                         |                     |              |  |
|  | As student pilot-in-command (SPIC)              |                         |                     |              |  |
|  | As pilot-in-command under supervision (PICUS)   |                         |                     |              |  |
|  | Dual instruction                                |                         |                     |              |  |
|  | As Co-pilot (P2)                                |                         |                     |              |  |
|  | Other hours credited (if applicable)            |                         |                     |              |  |
|  | <b>Section A Total Hours</b>                    |                         |                     |              |  |
| <b>B Cross-country and Overseas Flying</b> | As pilot in command (PIC)                       |                         |                     |              |  |
|  | As student pilot-in-command (SPIC)              |                         |                     |              |  |
|  | As pilot-in-command under supervision (PICUS)   |                         |                     |              |  |
|  | Dual instruction                                |                         |                     |              |  |
|  | As Co-pilot (P2)                                |                         |                     |              |  |
|  | <b>Section B Total Hours</b>                    |                         |                     |              |  |
| <b>C Night Flying</b>                      | Date of 100nm flight (helicopters) (dd/mm/yyyy) |                         |                     |              |  |
|  | As pilot-in-command (PIC)                       |                         |                     |              |  |
|  | As pilot-in-command under supervision (PICUS)   |                         |                     |              |  |
|  | Dual instruction                                |                         |                     |              |  |
|  | Dual cross-country                              |                         |                     |              |  |
|  | As Co-pilot (P2)                                |                         |                     |              |  |
|  | <b>Section C Total Hours</b>                    |                         |                     |              |  |
| Solo take-offs and landings (number)       |   |                         |                     |              |  |
| <b>D Instrument Flying</b>                 | Dual instruction (in flight)                    |                         |                     |              |  |
|  | As student pilot-in-command (SPIC)              |                         |                     |              |  |
|  | <b>Instrument Ground Time</b>                   | FTD 2/3 or FNPT I       |                     |              |  |
|  |   | FNPT II/III             |                     |              |  |
|  |   | FSS                     |                     |              |  |
|  | Flying Time (PIC/Co-pilot/PICUS)                |                         |                     |              |  |
|  | MCC Training (as part of course)                |                         |                     |              |  |
| <b>Section D Total Hours</b>               |   |                         |                     |              |  |
| <b>E Multi-pilot Aircraft Experience</b>   | As pilot-in-command (PIC)                       |                         |                     |              |  |
|  | As pilot-in-command under supervision (PICUS)   |                         |                     |              |  |
|  | Dual instruction                                |                         |                     |              |  |
|  | As co-pilot (P2)                                |                         |                     |              |  |
|  | <b>Section E Total Hours</b>                    |                         |                     |              |  |
| DCA Use Only:                              |   |                         |                     |              |  |

**7. CONFIRMATION OF THEORETICAL KNOWLEDGE COURSE COMPLETION**

**Confirmation of theoretical knowledge training course completed (helicopters)**

CPL  IR  ATP

Theoretical knowledge training completed on course: ..... Hours

Competent authority under which the examinations were taken: .....

*Note: A certified copy of the examination results must be provided with the application. If the training and examinations were taken with an ATO not subject to Cyprus DCA approval, a certified copy of the ATO approval certificate must also be provided.*

Approved Training Organisation (ATO): .....ATO Approval No.:.....

Competent authority issuing approval: .....

Name of Head of Training: .....

Signature (Head of Training): ..... Date: .....

**PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1**

**8. DETAILS OF CPL MODULAR COURSE OR ABRIDGED MODULAR COURSE (ICAO CPL)**

I certify that (name) ..... has satisfactorily met the pre-requisite requirements in accordance with Part-FCL prior to commencing a course of training and has satisfactorily completed a course of training for the grant of a Commercial Pilot Licence. I further certify that I have examined the applicant's flying log and that the entries therein comply with the requirements for the grant of a Commercial Pilot Licence in accordance with Part-FCL

Date CPL course started: ..... Date CPL course completed: .....

**The course comprised:**

..... Hours dual flight instruction of which

..... Hours dual flight visual instruction

..... Hours dual flight instruction at night (if applicable)

..... Hours instrument instruction

**Simulator Experience (if applicable):**

..... Hours instrument ground time in a FTD 2/3 or FNPT I  FNPT II/III  Flight Simulator

FSTD Identification No. of device used (which must be qualified and approved in accordance with Regulation (EU) 1178/2011, as amended: .....

Competent authority issuing qualification certificate for the FSTD: .....

Recommended for skill test 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: .....

**PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1**

**9. DETAILS OF IR MODULAR COURSE OR ABRIDGED MODULAR COURSE (ICAO IR)**

I certify that (name) ..... has satisfactorily met the pre-requisite requirements in accordance with Part-FCL prior to commencing a course of training and has satisfactorily completed a course of training for the grant of an Instrument Rating. I further certify that I have examined the applicant's flying log and that the entries therein comply with the requirements for the grant of an Instrument Rating in accordance with Part-FCL

Date IR course started: ..... Date IR course completed: .....

**The course comprised:**

..... Hours dual instrument flight instruction in a single engine helicopter

..... Hours dual instrument flight instruction in a multi engine helicopter

**Simulator Experience (if applicable):**

..... Hours instrument ground time in a FTD 2/3 or FNPT I  FNPT II/III  Flight Simulator

FSTD Identification No. of device used (which must be qualified and approved in accordance with Regulation (EU) 1178/2011, as amended: .....

Competent authority issuing qualification certificate for the FSTD: .....

Recommended for skill test 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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**10. INTEGRATED COURSES**

I certify that (name)..... has satisfactorily completed a course of training for the grant of a Commercial Pilot Licence with  without  Instrument Rating and the training is detailed in Section 7. I further certify that I have examined the applicant's flying log and that the entries therein comply with the requirements for the grant of a Commercial Pilot Licence with  without  Instrument Rating in accordance with Part-FCL

Date course started: ..... Date course completed: .....

Approved Training Organisation (ATO): .....ATO approval No.: .....

Competent authority issuing approval: .....

Name of Head of Training: .....

Signature (Head of Training): ..... Date: .....

**PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1**



#### 14. 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"/> |              |
| Actual flying logbooks, which must be certified at the last appropriate entry by the Head of Training/CFI;  | <input type="checkbox"/> |              |
| Originals of all National, JAR-FCL and other non-EASA licences. Photocopies are not acceptable  | <input type="checkbox"/> |              |
| Copy of theoretical knowledge examination results./Course completion  | <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"/> |              |
| Additionally if applying for an ATP(H)  |                          |              |
| Letter from operating company confirming PICUS hours in multi-pilot operations  | <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:

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

#### 15. FOR DCA USE

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