



APPLICATION FORM FOR THE ISSUE, REVALIDATION OR RENEWAL OF A SINGLE OR MULTI-PILOT TYPE 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, license, 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 license issue date. If your medical certificate is due to expire within 14 days after the date of application for license issue, please complete the following:

My medical examination will take place at: on:

A license 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 licenses administered by the National Aviation Authority that holds their medical records (Part-MED.A.030 and Part-FCL.015).

3. PARTICULARS OF NON-EASA LICENSES HELD			
Issuing Authority	Type/Class of License	License 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 license

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 License Number and Name	DCA Use Only

5. APPLICATION (tick as appropriate)

I am applying for:

Initial Issue Revalidation* Renewal*

of a helicopter type rating on (please specify including variants):

Single Pilot and/or Multi-Pilot Co-pilot only

Total flight time on helicopters as PIC hours (initial issue multi-engine only)

I am also revalidating or Renewing the Instrument Rating for (SPH) SE ME or MPH (please specify including variants): new rating valid until:

(*Only required when the Examiner has not signed the Certificate of Revalidation or renewal is over 3 years)

Revalidation of Single Engine Piston or Single Engine Turbine helicopters

I certify that I meet the requirement of FCL.740.H for the revalidation of the following types:

.....

.....

6. CONFIRMATION (tick as appropriate)

I have completed a skill test/proficiency check for the issue revalidation renewal of the following:

Type Rating:

Test/check date: Aircraft type/FSTD and registration/ID number:

Examiner's Name: Examiner's Number.:

Note: Applicants are advised that the license 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. 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
Copy of Course Completion Certificate	<input type="checkbox"/>	
Examiner's Report form	<input type="checkbox"/>	
Certificate of completion of MCC training (for first multi-pilot type rating)	<input type="checkbox"/>	
Evidence of identity. (Current passport, Birth Certificate or Cyprus Identity card);	<input type="checkbox"/>	
Additionally, if application is made for conversion of non-EASA rating	<input type="checkbox"/>	
Originals of all National, JAR-FCL and other non-EASA licenses. Photocopies are not acceptable	<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 license	<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.

If you are unable to find the information you require please contact our Licensing team on +35722404126/+35722404128 or email at eld@dca.mcw.gov.cy

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

9. FOR DCA USE		
Enclosures/Remarks <i>(by Licensing Administrator)</i>		
Checked by:	Signed:	Date: