



## APPLICATION TO EXTEND CERTIFICATE PRIVILEGES OF A TRI OR SFI ( AEROPLANES) IN ACCORDANCE WITH PART-FCL

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.

### DATA PROTECTION NOTICE

The DCA will process the personal data in accordance with its policies and in compliance with the Law providing for the Protection of Natural Persons with regard to the Processing of Personal Data and for the Free Movement of such Data of 2018 (Law 125(I)/2018) and the General Data Protection Regulation (EU) 2016/679. This personal data is shared with other Government agencies/Third parties only for the lawful purposes of processing and it will be retained for as long as needed to provide you with our service, or to comply with our legal obligations, resolve disputes and enforce our agreements.

For further information, pls contact DCA "Data Protection Officer" who is responsible for matters relating to privacy and data protection by email: [dpo@dca.mcw.gov.cy](mailto:dpo@dca.mcw.gov.cy)

1. APPLICANT DETAILS	
Cyprus DCA Personal ref. number: CY.FCL.	
Surname:	Forename(s):
Date of Birth:	Nationality:
Town of Birth:	Country of Birth:
Permanent Address:	
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).

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

<b>4. RATINGS HELD</b>						
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 to extend the privileges of my **Type Rating Instructor Certificate (TRI)** in accordance with Part-FCL:

<input type="checkbox"/> Extension to a further Variant. Aeroplane type: _____ (Section 6 or 7 )	<input type="checkbox"/> Extension to conduct abnormal / emergency procedures Training in the aeroplane (Section 11)
<input type="checkbox"/> Extension to conduct Landings Training in the aeroplane with no abnormal / emergency procedures (Section 10)	<input type="checkbox"/> Extension to instruct for the MPL course (Section 12)
<input type="checkbox"/> TRI (MPA) Application to instruct on the MPL course (Section 12)	<input type="checkbox"/> Extension to conduct flight instruction in single-pilot high performance complex aeroplanes in multi-pilot operations, and I hold a <input type="checkbox"/> MCCI and/or I hold or have held <input type="checkbox"/> TRI (MPA) Certificate valid until _____
<input type="checkbox"/> Extension to Conduct LIFUS (Section 9)	

I am applying to extend the privileges of my **Synthetic Flight Instructor Certificate (SFI)** in accordance with Part-FCL:

Extension to a further Type. Aeroplane type: \_\_\_\_\_ (Section 8)

Extension to instruct for the MPL course (Section 12)

To instruct for the revalidation and renewal of an IR and I  hold or  have held an IR in the relevant aircraft category

The issue of an IR and  I have completed an IRI training course (*Course Completion Certificate required*)

IR Valid until Date: \_\_\_\_\_

Extension to conduct flight instruction in single-pilot high performance complex aeroplanes in multi-pilot operations, and I have Hours: \_\_\_\_\_ (*Minimum 500 hours*) on aeroplanes in multi-pilot operations and hold a  MCCI and/or  TRI (MPA) Certificate which is valid until \_\_\_\_\_ (*Instructor Certificate required*)

**6. TRI (A) MPA – EXTENSION TO FURTHER VARIANTS**

**To be completed by the applicant**

New Aeroplane Type: \_\_\_\_\_

Completed in the last 12 months preceding the application \_\_\_\_\_ route sectors (*Minimum 15 route sectors*), including take-offs and landings on the relevant type of which \_\_\_\_\_ route sectors (*Maximum 7 route sectors*) were completed in an FSTD representing the type.

Passed within the 12 months preceding the expiry date of the TRI(A) certificate an assessment of competence as a TRI(A) on Date : \_\_\_\_\_ with (Name of TRE) \_\_\_\_\_ (*NOTE: Examiner Report should be submitted with LIC – 08C*)

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by ATO and signed by Head of training**

The ATO confirms that the candidate has been trained according to the approved syllabus for the TRI (MPA) and assures the level of proficiency required.

Training conducted in:  FSTD only  Aeroplane only  FSTD and Aeroplane

ATO Name: \_\_\_\_\_ Certificate number: \_\_\_\_\_

Name of HT: \_\_\_\_\_

Location & date: \_\_\_\_\_

Type of Aeroplane: \_\_\_\_\_

Technical training hours : \_\_\_\_\_ *(As per related OSD)*

Flight instruction on the appropriate FSTD Hours: \_\_\_\_\_ (a)

Flight instruction on the aeroplane Hours: \_\_\_\_\_ (b)  
*(As per related OSD)*

Training Start Date : \_\_\_\_\_ Training Completion Date: \_\_\_\_\_

Signature of HT: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**7. TRI (A) SPA – EXTENSION TO FURTHER TYPES**

**To be completed by the applicant**

New Aeroplane Type: \_\_\_\_\_

Completed in the last 12 months preceding the application \_\_\_\_\_ route sectors (*Minimum 15 route sectors*), including take-offs and landings on the relevant type of which \_\_\_\_\_ route sectors (*Maximum 7 route sectors*) were completed in an FSTD representing the type.

Passed within the 12 months preceding the expiry date of the TRI(A) certificate an assessment of competence as a TRI(A) on Date : \_\_\_\_\_ with (Name of TRE) \_\_\_\_\_

***(NOTE: Examiner Report should be submitted with LIC – 08C)***

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by ATO and signed by Head of training**

The ATO confirms that the candidate has been trained according to the approved syllabus for the TRI (SPA), and assures the level of proficiency required.

Training conducted in:     FSTD only             Aeroplane only             FSTD and Aeroplane  
    SP Operations         MP Operations             SP & MP Operations

ATO Name: \_\_\_\_\_ Certificate number: \_\_\_\_\_

Name of HT: \_\_\_\_\_

Location & date: \_\_\_\_\_

Type of Aeroplane: \_\_\_\_\_

Technical training hours : \_\_\_\_\_ *Minimum 10 hours*

Flight instruction on the appropriate FSTD Hours: \_\_\_\_\_ (a)

Flight instruction on the aeroplane Hours: \_\_\_\_\_ (b)  
*(a+b=Minimum 5 hours)*

Training Start Date : \_\_\_\_\_ Training Completion Date: \_\_\_\_\_

Signature of HT: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

## 8. SFI (MPA/SPA) – EXTENSION TO FURTHER TYPES

### **To be completed by the Head of Training**

New Aeroplane Type: \_\_\_\_\_

#### **1. Simulator content of the relevant type rating course.**

I hereby declare that \_\_\_\_\_ completed the simulator content of the \_\_\_\_\_ type rating course, consisting Hours: \_\_\_\_\_ of flight instruction using Simulator ID No. \_\_\_\_\_.

#### **2. Technical training and the FSTD content of the relevant type rating course.**

I hereby declare that \_\_\_\_\_ completed the technical training and the FSTD content of the \_\_\_\_\_ type rating course, consisting Hours: \_\_\_\_\_ of flight instruction using Simulator ID No. \_\_\_\_\_.

#### **3. Flight instruction on a complete type rating course**

I hereby declare that \_\_\_\_\_ conducted on a complete type rating course Hours: \_\_\_\_\_ (*Minimum 3 hours*) of flight instruction related to the duties of an SFI on the type \_\_\_\_\_ on Simulator ID No: \_\_\_\_\_ under the supervision and to the satisfaction of a TRE(A). On Date: \_\_\_\_\_.

TRE/SFE Name: \_\_\_\_\_

TRE/SFE Licence No: \_\_\_\_\_ Signature of TRE/SFE: \_\_\_\_\_

Name of ATO: \_\_\_\_\_ ATO certificate no: \_\_\_\_\_

Name of Head of training: \_\_\_\_\_

Signature of HT: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

## 9. TRI (A) MPA – LIFUS SUPERVISION REPORT

### **Aircraft Training- To be completed by the Instructor providing the training**

Training Session support for TRI(A) to conduct LIFUS conducted on aeroplane registration number

\_\_\_\_\_ on date : \_\_\_\_\_ duration of Hours: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Instructor License number: \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**Aircraft Training- To be completed by the Instructor providing the training**

Training Session support for TRI(A) to conduct LIFUS conducted on aeroplane registration number

\_\_\_\_\_ on date : \_\_\_\_\_ duration of Hours: \_\_\_\_\_

Instructor Name : \_\_\_\_\_ Instructor License number: \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**Supervision Report- To be completed by the TRI(A) notified by the ATO**

**I being a TRI (A) notified by the Training Organisation hereby certify that the applicant has conducted a LIFUS training flight under my supervision and to my satisfaction.**

ATO nominating the notified TRI(A): \_\_\_\_\_

Name of TRI(A) notified by the ATO \_\_\_\_\_

License number \_\_\_\_\_

**Confirmation of above by HT**

I confirm the above

Name of HT of the ATO nominating notified TRI(A) \_\_\_\_\_

Signature of HT \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**10. TRI (A) MPA/SPA – EXTENSION TO CONDUCT LANDINGS TRAINING IN AIRCRAFT (no abnormal/emergency procedures)**

**To be completed by the Applicant**

Aeroplane Type: \_\_\_\_\_

I completed the training as a TRI(A) to conduct aeroplane landings (no abnormal/emergency procedures) with (Name of ATO) \_\_\_\_\_ on Date : \_\_\_\_\_

under the supervision and to the satisfaction of a TRI(A) who is nominated for that purpose by the ATO.

(Name of TRI) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by the ATO**

SP Operations

MP Operations

SP & MP Operations

ATO Name: \_\_\_\_\_ Certificate number: \_\_\_\_\_

Name of HT: \_\_\_\_\_

Aeroplane Type: \_\_\_\_\_

The applicant completed the training including training in the aeroplane to conduct take-offs and landings only, no abnormal /emergency procedures. ***(Course Completion Certificate required)***

Technical training hours: \_\_\_\_\_

Flight instruction on the appropriate FSTD Hours: \_\_\_\_\_ FSTD ID: \_\_\_\_\_

Flight instruction on the aeroplane Hours: \_\_\_\_\_ Aeroplane Registration: \_\_\_\_\_

Training Start Date: \_\_\_\_\_ Training Completion Date: \_\_\_\_\_

Signature of HT: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**11. TRI (A) MPA/SPA – EXTENSION TO CONDUCT ABNORMAL / EMERGENCY PROCEDURES TRAINING IN AEROPLANE**

**To be completed by the Applicant**

Aeroplane Type: \_\_\_\_\_

I completed the training as a TRI in the aeroplane which included training to conduct abnormal /emergency procedures

with (Name of ATO) \_\_\_\_\_ on Date \_\_\_\_\_

Assessment of Competence completed on the aeroplane on Date: \_\_\_\_\_ with

(Name of TRE) \_\_\_\_\_

*(NOTE: Examiner Report should be submitted with LIC – 08C)*

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by the ATO**

SP Operations                       MP Operations                       SP & MP Operations

ATO Name: \_\_\_\_\_ Certificate number: \_\_\_\_\_

Name of HT: \_\_\_\_\_

Aeroplane Type: \_\_\_\_\_

The applicant completed the training as a TRI in the aeroplane which included training to conduct abnormal /emergency procedures. *(Certificate required)*

Technical training hours: \_\_\_\_\_

Flight instruction on the appropriate FSTD Hours: \_\_\_\_\_ FSTD ID: \_\_\_\_\_

Flight instruction on the aeroplane Hours: \_\_\_\_\_ Aeroplane Registration: \_\_\_\_\_

Training Start Date: \_\_\_\_\_ Training Completion Date: \_\_\_\_\_

Signature of HT: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**12. TRI/SFI (MPA)/(SPA) – EXTENSION TO INSTRUCT FOR THE MPL COURSE**

**To be completed by the Applicant**

To instruct for the basic phase of the MPL integrated training course

1)  I have successfully completed an MPL instructor training course at an ATO (*Certification required*); and

2)  Flight experience in multi-pilot operations Hours: \_\_\_\_\_ (*logbook required*);

3)  My TRI (SPA) privileges have been extended to instruct in multi-pilot operations (if applicable)

4)  I have completed initial crew resource management training with a commercial air transport operator approved in accordance with the applicable air operations requirements (*Certification required*).

5)  I hold or  have held an  FI(A) or an  IRI(A) Certificate

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by the Head of Training**

The applicant \_\_\_\_\_ has completed on date: \_\_\_\_\_ an:

**MPL instructors training course**

1)  MPL instructor training Hours: \_\_\_\_\_ *Minimum 14 hours.*

2) Assessment of Instructor Competencies and of knowledge of the competency-based approach to training completed on date: \_\_\_\_\_ which included a practical demonstration of flight instruction in the basic  basic,  intermediate and/or  advance phase/s of the MPL training course.

Examiner Name: \_\_\_\_\_

Examiner License No: \_\_\_\_\_ Examiner Type  TRE  SFE

Signature of Examiner: \_\_\_\_\_

**Note: the examiner must be qualified to provide flight instruction for the basic phase of the MPL training course**

Name of ATO \_\_\_\_\_ ATO certificate no \_\_\_\_\_

Name of Head of training \_\_\_\_\_

Signature of HT: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**13. 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**



**14. SUBMISSION INSTRUCTIONS**

Send your completed application form to:  
 Department of Civil Aviation, Licensing Section, 27 Pindarou Street, 1060 Nicosia, Cyprus  
 or by email to: [eld@dca.mcw.gov.cy](mailto:eld@dca.mcw.gov.cy)

	Tick submitted documents	DCA Use only
Originals of all non-EASA licences. Photocopies are not acceptable	<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"/>	
Copy of Applicant's EASA License	<input type="checkbox"/>	
Original flying logbook(s) (if applicable) - All flight instruction must be signed by the instructor and certified by the ATO/DTO Head of Training	<input type="checkbox"/>	
Record of Supervised flights LIC-06	<input type="checkbox"/>	
Copy of Training Course Certificates ( if a Section that requires ATO signature is not completed then the course Certificate should include all details requested in the relevant Section).	<input type="checkbox"/>	
Assessment of Competence Examiners Report (Competent Authority's Copy)	<input type="checkbox"/>	
Additionally, if Examiner or ATO/DTO is not approved by Cyprus DCA		
Copy of Part-ORA Approved Training Organisation approval certificate or DTO Declaration Acceptance;	<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.**

**Note:**  
**Guidance for Certification of Original Documents**

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:

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

**15. FOR DCA USE** *(by Licensing Administrator)*

Enclosures/Remarks	Submission Date:	
Checked by:	Signed:	Date:

**16. CHARGES****To be completed by the Applicant**

The charge(s) required should be paid in accordance with DCA Scheme of Charges.

Important Note: This application will not be processed until the applicable charges have been received.

\*Cheque       Bank Transfer       Credit Card

\*Cheques will be acceptable ONLY from Cyprus Banks. Cheques made payable to the Director of Civil Aviation.

**CASH WILL NOT BE ACCEPTABLE**

**For Bank Transfers Only In Euro(€):** Through TARGET 2

SWIFT CODE: CBCYCY2NACC

CENTRAL BANK OF CYPRUS

CY1395, NICOSIA

Please remit to the Central Bank of Cyprus (SWIFT CODE: **CBCYCY2NACC**) the amount of EUR ( as per DCA Scheme of Charges) through TARGET 2 for the credit of the Government General Account,

**IBAN No. /CY06 0010 0001 0000 0000 0600 1093** in favour of Cyprus Department of Civil Aviation with details of payment ..... ( e.g. Initial Issue of Flight Instructor Certificate)

Overseas Visits: If a Member or employee of the DCA is required to travel overseas in respect of this application you are advised to conduct DCA's Accounts Department. All expenses incurred in pursuance of the application by virtue of travelling overseas will be payable by the applicant on demand.

For further details on Fees and Charges and payment methods, pls contact:

+35722404143, 148 or 159