



APPLICATION TO EXTEND CERTIFICATE PRIVILEGES OF A TRI OR SFI (HELICOPTERS) 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

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).

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 to extend the privileges of my **Type Rating Instructor Certificate (TRI)** in accordance with Part-FCL:

Extension to a further Type. Helicopter type: (Section 6)

Extension to conduct Training in the helicopter (Section 8)

Extension to conduct flight instruction in the same type of helicopter from single-pilot to multi-pilot operations. (Section 9)

To instruct for the revalidation and renewal of an IR and I hold an IR in the relevant aircraft category.
Valid until Date: _____ (*must be valid*)

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

Extension to a further Type. Helicopter type: _____ (Section 7)

To instruct for the issue, revalidation and renewal of an IR
and I hold or have held an IR in the relevant aircraft category and I have completed an IRI training course (Course Completion Certificate required)

IR Valid until Date: _____

6. TRI (H) – EXTENSION TO FURTHER TYPES

To be completed by the Head of Training

SP Operations MP Operations SP & MP Operations

New Helicopter Type: _____

1) Type technical part of the relevant Type Rating Instructor course.

I hereby declare that (name of applicant) _____
has completed the type technical content of the _____ TRI course, consisting of Hours: _____
of instruction on the new helicopter type above or on FSTD ID No. _____ representing the type.

2) Flight instruction

I hereby declare that (name of applicant) _____ has conducted
Hours: _____ of flight instruction related to the duties of a TRI on the type _____ on
helicopter registration No: _____ under the supervision and to the satisfaction of a TRI(H).

On Date: _____

Supervising TRI(H) Name: _____

Supervising TRI(H) License No: _____ Signature of Supervising TRI: _____

Name of ATO: _____ ATO certificate no: _____

Name of Head of training: _____

Signature of HT: _____ Date of Signature: _____

To be completed by Applicant

New Helicopter Type: _____ Multi-pilot operations on the new helicopter type (if applicable) Hours: _____
I hereby declare that within the 12 months preceding the date of application, I conducted Hours: _____
(Minimum 10 hours) on the above helicopter type, of which Hours: _____ (Maximum of 5 hours) in an FFS or
FTD 2/3 representing the helicopter type.

3) Assessment of competence SP Operations MP Operations SP & MP Operations

Passed within the 12 months preceding the expiry date of the TRI(H) certificate an assessment of competence as a
TRI(H) on the above type on Date : _____ with (Name of FIE/ TRE): _____

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

Signature of Applicant: _____ Date of Signature: _____

7. SFI (H) – 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 (name of applicant) _____
completed the simulator content of the _____ type rating course, consisting Hours: _____
of flight instruction using Simulator ID No. _____.

2) Flight instruction on a complete type rating course

I hereby declare that (name of applicant) _____ 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(H). On Date: _____.

Supervising TRE Name: _____

Supervising TRE License No: _____ Signature of Supervising TRI/TRE: _____

Name of ATO _____ ATO certificate no _____

Name of Head of training _____

Signature of HT: _____ Date of Signature: _____

8. TRI (H) – EXTENSION TO CONDUCT TRAINING IN AIRCRAFT

To be completed by the Applicant

Helicopter Type: _____

I completed the TRI training to conduct flight training in the helicopter type above with (Name of ATO)

_____ on Date : _____

Assessment of Competence completed on the helicopter on Date: _____ with

(Name of TRE) _____

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

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: _____

Helicopter Type: _____

The applicant completed TRI training to extend privileges to provide training in the helicopter type above.
(Course Completion Certificate required)

Technical training hours: _____

Flight instruction on the appropriate FSTD Hours: _____ FSTD ID: _____

Flight instruction on the helicopter Hours: _____ Helicopter Registration: _____

Training Start Date: _____ Training Completion Date: _____

Signature of HT: _____ Date of Signature: _____

9. TRI (H) - EXTENSION TO CONDUCT FLIGHT INSTRUCTION IN THE SAME TYPE OF HELICOPTER FROM SINGLE-PILOT TO MULTI-PILOT OPERATIONS.

To be completed by Applicant

Helicopter Type: _____

Conducted flight hours: _____ *Minimum 1,000 hours.*

Conducted flight hours on any aircraft category in multi-pilot operations: _____ *Minimum 350 hours.*

OR

Conducted flight hours on Helicopter Type _____ (same type) in multi-pilot operations: _____ *Minimum 100 hours within the last 2 years.*

Assessment of competence

MP Operations

Passed within the 12 months preceding the expiry date of the TRI(H) certificate an assessment of competence as a

TRI(H) on the above type on Date: _____ with (Name of TRE): _____

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

Signature of Applicant: _____ Date of Signature: _____

10. 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	

11. 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		
	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':		
<ul style="list-style-type: none"> • Head of Training or • Compliance Manager of Approved Training Organisation. 		
Instructions for the certifier of your original documents are as follows:		
<ol style="list-style-type: none"> 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 		

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

13. CHARGES	To be completed by the Applicant
<p>The charge(s) required should be paid in accordance with DCA Scheme of Charges. <u>Important Note:</u> This application will not be processed until the applicable charges have been received.</p>	
<p>*Cheque <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Credit Card <input type="checkbox"/></p> <p>*Cheques will be acceptable ONLY from Cyprus Banks. Cheques made payable to the Director of Civil Aviation.</p> <p>CASH WILL NOT BE ACCEPTABLE</p>	
<p><u>For Bank Transfers Only In Euro(€):</u> Through TARGET 2 SWIFT CODE: CBCYCY2NACC CENTRAL BANK OF CYPRUS CY1395, NICOSIA</p> <p>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)</p>	
<p>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.</p> <p>For further details on Fees and Charges and payment methods, pls contact: +35722404143, 148 or 159</p>	