REPUBLIC OF CYPRUS

DEPARTMENT OF CIVIL AVIATION

APPLICATION TO EXTEND CERTIFICATE PRIVILEGES OF A CRI, IRI, MCCI or STI (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

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 Experince 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 **Class Rating Instructor (CRI) Certificate** in accordance with Part-FCL:

☐ Extension to a further Class/Type. Aeroplane class/type: _____ (Section 6)

☐ CRI(A) Banner Towing Rating (Section 7)   ☐ CRI(A) Sailplane Towing Rating (Section 7)

☐ CRI(A) Aerobatic Rating (Section 7)   ☐ CRI(A) Class/ Type ratings in Multi-Pilot Operations (Section 6)

I am applying to extend the privileges of my **Instrument Rating Instructor (IRI) Certificate** in accordance with Part-FCL:

☐ IRI(A) to instruct the Basic phase of an MPL course (Section 8)

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

☐ Extension to other FSTDs representing a further Type. Aeroplane type:_____ (Section 9)

I am applying to extend the privileges of my **Multi Crew Cooperation Instructor (MCCI) Certificate** in accordance with Part-FCL:

☐ Extension of MCCI(A) privileges to other FSTDs (Section 10)

☐ Assessment of Competence (Section 11)

6. CRI (A) – EXTENSION TO FURTHER TYPES

To be completed by the applicant

☐ CRI(A) SE   ☐ CRI(A) ME   ☐ CRI(A) SE TO ME

New Aeroplane Class or Type : _____

Flight Time as PIC on aeroplanes of the applicable class or type of aeroplane Hours: _____

(Minimum 15 hours within the last 12 months)

I completed one training flight from the right hand seat under the supervision of another CRI or FI

Name: _____ occupying the other pilot's

seat qualified on class or type on Date : _____

Signature of Applicant:_____Date of Signature: _____

To be completed by CRI or FI conducting under supervision flight

Note: For the issue of the first privilege to instruct on ME the CRI(A) must complete training in an ATO for ME instruction. Page 2 must be completed by the HT

I being a ☐ CRI ☐ FI hereby declare that the applicant _____ completed to my

satisfaction a training flight from the right hand seat under my supervision on aeroplane class/type

_____ on Date _____ I was occupying the other pilot seat

Name of CRI/FI _____ License number _____

Signature _____ Date of Signature _____

7. CRI (A) – BANNER TOWING / SAILPLANE TOWING / AEROBATIC RATING

To be completed by the applicant

☐ **Banner towing**

       I hold a Banner Towing Rating. *(Rating required)*

Signature of Applicant: _____ Date of Signature: _____

To be completed by an Instructor certified in accordance with FCL.905.FI(j)

I being an instructor certified in accordance with FCL.905.FI(j) certify that the applicant demonstrated on

Date: _____ the ability to instruct for the Banner Towing Rating.

Last and First Name: _____ Licence/Certificate number: _____

Signature of FCL.905.FI(j): _____ Date of Signature: _____

To be completed by the applicant

☐ **Sailplane Towing**
       I hold a Sailplane Towing Rating. *(Rating required)*

Signature of Applicant: _____ Date of Signature: _____

To be completed by an Instructor certified in accordance with FCL.905.FI (j)

I being an instructor certified in accordance with FCL.905.FI (j) certify that the applicant demonstrated on
Date:_____ the ability to instruct for the Sailplane Towing Rating

Last and First Name: _____ Licence/Certificate number: _____

Signature of FCL.905.FI(j): _____ Date of Signature: _____

To be completed by the applicant

☐ **Aerobatic Rating**
       I hold a Aerobatic Rating *(Rating required)*

Signature of Applicant: _____ Date of Signature: _____

To be completed by an Instructor certified in accordance with FCL.905.FI (j)

I being an instructor certified in accordance with FCL.905.FI (j) certify that the applicant demonstrated on
Date:_____ the ability to instruct for the Aerobatic Rating

Last and First Name: _____ License/Certificate number: _____

Signature of FCL.905.FI(j): _____ Date of Signature: _____

To be completed by the applicant

☐ **To instruct for class and type ratings for single-pilot aeroplanes, except for single-pilot high-performance complex aeroplanes, in multi-pilot operations**

☐ Hold or have held a TRI certificate for multi-pilot aeroplanes *(Certificate required)*

☐ Hours: _____ (Minimum 500 hours) on aeroplanes in multi-pilot operations

☐ Completed an MCCI training course in accordance with point FCL.930.MCCI *(Certificate required)*

Signature of Applicant: _____ Date of Signature: _____

8. IRI (A) – IRI (A) TO INSTRUCT THE BASIC PHASE OF AN MPL COURSE

To be completed by the applicant

☐ **IRI(A) MPL Basic Phase**

Multi Engine Aeroplane Instrument Rating valid until: _____. *(Rating required)*

Privilege to instruct for the IR valid until _____

Flight time in multi crew operations hours: _____ *Minimum 1500 hours*

Signature of Applicant:_____Date of Signature: _____

Note: In the case of IRI(A) already qualified to instruct on ATP(A) or CPL(A)/IR integrated courses, the requirement of 1500 hours flight in multi crew operations may be replaced by the completion of the course provided for in paragraph FCL.905.FI(k)(3).

To be completed by the ATO

ATO Name:_____ Approval number: _____

Competent Authority issuing Approval:_____

I certify that the applicant successfully completed an MPL instructor course in accordance with FCL.925 on

Date:_____

Name of HT:_____ License number: _____

Location & date: _____

Note: Complete if applicant does not have 1500 hours flight time in multi crew operations (tick if course was completed)

☐ The applicant completed a structured course of training consisting of:

(i)   MCC qualification;
(ii)   observing 5 sessions of flight instruction in Phase 3 of an MPL course;
(iii) observing 5 sessions of flight instruction in Phase 4 of an MPL course;
(iv) observing 5 operator recurrent line oriented flight training sessions;
(v)   the content of the MCCI instructor course.

And conducted the first 5 instructor sessions under the supervision of a TRI(A), MCCI(A) or SFI(A) qualified for MPL flight instruction

Name of Supervising TRI _____ Licence / Certificate number: _____

Signature (Supervising TRI): _____ Date: _____

Signature (Head of Training): _____ Date: _____

9. STI (A) - EXTENSION TO OTHER FSTDS

New Aeroplane Type: _____

1)   Simulator content of the relevant CRI / TRI course.

I hereby declare that I completed the FSTD content of the CRI or TRI course on the class/type _____,

consisting of Hours: _____ (*Minimum 5 hours*) of flight instruction on a single-pilot aircraft, using FSTD

ID No. _____.

2)   Proficiency Check:

I passed in an FSTD on type: _____ the applicable sections of the proficiency check in accordance with

Part FCL Appendix 9 for the class/type of aircraft above, within the 12 months preceding the application date for the STI

certificate on Date: _____ *(Certificate required)*

Signature of Applicant: _____ Date of Signature: _____

To be completed by Supervision Instructor and Supervising FIE

3) Flight instruction on a complete CRI, IR, PPL or a class or type rating course

Training conducted in: Aeroplane Type: _____ Simulator ID No.: _____

ATO Name:_____ Certificate number: _____

Name of Head of Training: _____

The applicant completed as an instructor as part of a complete ☐ CPL, ☐ IR, ☐ PPL or ☐ class/ type rating course:

Flight instruction on the appropriate Simulator Hours: _____ under the supervision of an FI/ CRI(A)/ IRI/ TRI*
nominated by the ATO for this purpose

Name of Instructor: _____ License number of Instructor: _____

Flight instruction on the appropriate Simulator Hours: _____ under the supervision of an FIE nominated by the ATO
for this purpose

Name of FIE: _____ License number FIE: _____

Signature of HT: _____ Date of Signature: _____

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10. MCCI (A) – EXTENSION TO OTHER FSTDS

To be completed by ATO and signed by Head of Training

ATO Name:_____ Certificate number: _____

Name of HT:_____

Location & date: _____

Type of FSTD used _____ Qualification No _____

I being a ☐ TRI ☐ SFI ☐ MCCI nominated by the ATO for the purpose of supervising the applicant in accordance with
FCL.930.MCCI certify that the applicant completed on the relevant ☐ FNPT II/III MCC, ☐ FTD 2/3, ☐ FFS Hours
_____ (*Minimum 3 hours*) of practical instruction, which was ☐ flight instruction or ☐ MCC instruction under my
supervision and to my satisfaction. These hours included an assessment of the applicant`s competence as described in
FCL.920.

Name of the nominated TRI/SFI/MCCI :_____

License or Certificate number of the nominated TRI/SFI/MCCI :_____

Signature of the nominated TRI/SFI/MCCI : _____ Date of Signature: _____

Signature of HT: _____ Date of Signature: _____

11. ASSESSMENT OF COMPETENCE

P = PASS F = FAIL

Competence	Performance	P	F	Examiner/Instructor	Knowledge	P	F	Examiner/Instructor
Prepare resources	Ensure adequate facilities Prepares briefing material Manages available tools plans training within the training envelope of the training platform, as determined by the ATO				Understand objectives Available tools Competency based training methods understands the training envelope of the training platform, as determined by the ATO and avoids training beyond the boundaries of this envelope.			
Create a climate conducive to Learning	Establishes credentials Role models appropriate behaviour Clarifies roles States objectives Ascertains and supports trainees needs				Barriers to learning Learning styles			
Present knowledge	Communicates clearly Creates and sustains realism Looks for training opportunities				Teaching methods			
Integrate TEM or CRM	Makes TEM or CRM links with technical training. makes upset prevention links with technical training				HF, TEM or CRM. Causes and countermeasures against undesired aircraft states			
Manage Time to achieve training objectives	Allocate time appropriate to achieving competency objective				Syllabus time allocation			
Facilitate learning	Encourage trainee participation Motivating, patient, confident, assertive manner Conducts one-to-one coaching Encourages mutual Support				Facilitation How to give constructive feedback How to encourage trainees to ask questions and seek advice			
Assesses trainee performance	Assess and encourage trainee self-assessment of performance against Competency standards Makes assessment decision and provide clear feedback Observes CRM behaviour				Observation techniques Methods for recording Observations			
Monitor and review progress	Compare individual outcomes to defined objectives Identify individual differences in learning rates Apply appropriate corrective action				Learning styles Strategies for training adaptation to meet individual needs			
Evaluate training sessions	Elicits feedback from trainees. Tracks training session processes against competence criteria Keeps appropriate records				Competency unit and associated elements Performance Criteria			
Report outcome	Report accurately using only observed actions and events				Phase training objectives Individual versus systemic weaknesses			

Assessment of Competence

To be completed by Instructor

Date Assessment completed: _____ Location of Test: _____

Off Chocks/Start: _____ On Chocks/Finish: _____Total Time: _____

FSTD Identification Number of simulator used (which must be issued in accordance with Commission Regulation

(EU) 1178/2011 as amended): _____

Competent authority issuing qualification certificate for the simulator: _____

Assessment for: ☐ Initial ☐ Revalidation ☐ Renewal

Result

Applicant's Signature:

Assessment of Competence ☐ Pass ☐ Fail

☐ I recommend further training with an Instructor before re-test- *See Remarks*

☐ I do not consider further flight or theoretical instruction necessary before re-test
Record reasons why item(s) was failed or test was incomplete. Record training required or recommended if applicable.

Instructor Remarks: _____

_____
_____
_____
_____

Last, and First Name of Instructor: _____ Instructor License number: _____

Signature of Instructor: _____ Date of Signature: _____

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12. 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

13. 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	☐	
Copy of a Valid Medical Certificate issued in accordance with Part-MED (Validity date must be sufficient to cover the anticipated license issue date);	☐	
Copy of Applicant's EASA License	☐	
Original flying logbook(s) (if applicable) - All flight instruction must be signed by the instructor and certified by the ATO/DTO Head of Training	☐	
Record of Supervised flights LIC-06	☐	
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).	☐	
Assessment of Competence Examiners Report (Competent Authority's Copy)	☐	
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;	☐	
Copy of Examiner's approval certificate and license	☐	

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

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

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

15. 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