



APPLICATION FOR ISSUE OF AN INSTRUCTOR CERTIFICATE 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 for:								
	FI(A)	<input type="checkbox"/>	FI(H)	<input type="checkbox"/>	FI(As)	<input type="checkbox"/>		
Class Rating Instructor (CRI)	SE	<input type="checkbox"/>	ME	<input type="checkbox"/>	SE & ME	<input type="checkbox"/>		
Instrument Rating Instructor (IRI) - see below	(A)	<input type="checkbox"/>	(H)	<input type="checkbox"/>	(As)	<input type="checkbox"/>		
Type Rating Instructor (TRI) – see below	(SPA)	<input type="checkbox"/>	(MPA)	<input type="checkbox"/>	(H)	<input type="checkbox"/>	(PL)	<input type="checkbox"/>
Synthetic Flight Instructor (SFI) – see below	(SPA)	<input type="checkbox"/>	(MPA)	<input type="checkbox"/>	(H)	<input type="checkbox"/>	(PL)	<input type="checkbox"/>
Multi-Crew Co-operation Instructor (MCCI) (A)		<input type="checkbox"/>	(H)	<input type="checkbox"/>	(As)	<input type="checkbox"/>	(PL)	<input type="checkbox"/>
Synthetic Training Instructor (STI)	(A)	<input type="checkbox"/>	(H)	<input type="checkbox"/>				
Flight Test Instructor (FTI)	(A)	<input type="checkbox"/>	(H)	<input type="checkbox"/>				
IRI (A)*/IRI(H)* (please specify): On Aeroplane/Helicopter <input type="checkbox"/> On FSTD <input type="checkbox"/> SEP <input type="checkbox"/> MEP <input type="checkbox"/>								
TRI(A)*/ SFI(A)* (please specify type):								
TRI(H)* / SFI(H)* (please specify type):								
TRI(PL) (please specify type):								
* Delete as appropriate								

6. PRE-APPLICATION EXPERIENCE (FI/CRI/FTI)					
	FI(A)	FI(H)	FI(As)	CRI(A)	FTI(A) or (H)
	Min Hrs				
Total flight time (FCL.915.FI, FCL.915.CRI - SEP)	200	250	500 as PIC	Min 300	
Total flight time (FCL.915.CRI - MEP)				500	
Total flight time as pilot in command (PIC) (FCL.915.FI) – PPL Holders	150	200			
Total flight time as pilot in command (PIC) (FCL.915.FI) – CPL Holders		100	400		
Total flight time on single-engine piston-powered aeroplanes (FCL.915.FI(b)(3))	30				
Flight time during 6 months preceding pre-entry flight test (FCL.915.FI(b)(3))	5				
Total flight time as pilot-in-command (PIC) for single engine or multi engine aircraft (FCL.915.CRI(a)(b))				30	
Total flight time VFR cross-country as PIC (FCL.915.FI(a)(2))	20	20			
Date of 540km (300nm) cross-country flight (FCL.915.FI(b)(4))					
Instrument flight instruction (FCL.915.FI(a)(1))	10	10			
Number of Category 1 or 2 flight tests conducted (FCL.915.FTI)					

7a. PRE-COURSE EXPERIENCE (TRI– Aeroplanes - Helicopters - Powered Lift Aircrafts)	
i. Aeroplanes	
For a TRI(MPA) certificate:	
(1) 1 500 hours flight time as a pilot on multi-pilot aeroplanes; and	..... hrs
(2) within the 12 months preceding the date of application, 30 route sectors, including take-offs and landings, as PIC or co-pilot on the applicable aeroplane type, of which 15 sectors may be completed in an FFS representing that type;	..... sectors on a/c a/c type sectors on FFS
For a TRI(SPA) certificate:	
(1) have completed, within the 12 months preceding the date of the application, at least 30 route sectors, including take-offs and landings, as PIC on the applicable aeroplane type, of which a maximum of 15 sectors may be completed in an FSTD representing that type; and	..... sectors on a/c a/c type.....sectors on FFS
(2) (i) have completed at least 500 hours flight time as pilot on aeroplanes, including 30 hours as PIC on the applicable type of aeroplane; or	..... hrs hrs as PIC on a/c type
(ii) hold or have held an FI certificate for multi-engine aeroplanes with IR(A) privileges;	<input type="checkbox"/> Date of Expiry

ii. Helicopters	
(1) for a TRI(H) certificate for single-pilot single-engine helicopters, either: (i) have completed 250 hours as a pilot on helicopters; or	..... hrs
(ii) hold an FI(H) certificate	<input type="checkbox"/>
(2) for a TRI(H) certificate for single-pilot multi-engine helicopters, either: (i) have completed 500 hours as pilot of helicopters, including 100 hours as PIC in single-pilot multi-engine helicopters; or	..... hrs hrs as PIC
(ii) hold an FI(H) certificate, and have completed 100 hours of flight time as a pilot in multi-engine helicopters.	<input type="checkbox"/> hrs
(3) for a TRI(H) certificate for multi-pilot helicopters , have completed 1 000 hours of flight time as a pilot on helicopters, and have either 350 hours in multi-pilot operations on any aircraft category or 100 hours of flight time as a pilot in multi-pilot operations on the type for which the TRI(H) certificate is sought;	..... hrs hrs hrs on a/c type
iii. Powered Lift Aircrafts	
(1) have completed 1 500 hours flight time as a pilot on multi-pilot aeroplanes, powered-lift, or multi-pilot helicopters; and	..... hrs
(2) have completed, within the 12 months preceding the application, 30 route sectors, including take-offs and landings, as PIC or co-pilot on the applicable powered-lift type, of which 15 sectors may be completed in an FFS representing that type.	..... sectors on P/L On P/L type sectors on FFS

7b. PRE-COURSE EXPERIENCE (SFI– Aeroplanes - Helicopters - Powered Lift Aircrafts)	
i. Aeroplanes - Powered Lift Aircrafts	
For a SFI(MPA) or SFI(PL) certificate:	
Completion of a proficiency check for the issue of the specific aircraft type rating in an FFS representing the applicable type, within the 12 months preceding the application; and	..... Date of Check a/c type
(1) 1 500 hours flight time as a pilot on multi-pilot aeroplanes or powered-lift, as applicable; and	..... hrs
(2) completed, as a pilot or as an observer, within the 12 months preceding the application, at least: (i) 3 route sectors on the flight deck of the applicable aircraft type; or (ii) 2 line-orientated flight training-based simulator sessions conducted by qualified flight crew on the flight deck of the applicable type. These simulator sessions shall include 2 flights of at least 2 hours each between 2 different aerodromes, and the associated pre-flight planning and de-briefing;	Pilot <input type="checkbox"/> Observer <input type="checkbox"/> sectors on a/c Sim sessions number of Flights a/c type
For a SFI(Single-Pilot High Performance Aeroplanes) certificate:	
Completion of a proficiency check for the issue of the specific aircraft type rating in an FFS representing the applicable type, within the 12 months preceding the application; and	..... Date of Check a/c type
(1) at least 500 hours of flight time as PIC on single-pilot aeroplanes;	..... hrs
(2) hold or have held a multi-engine IR(A) rating; and	..... Date of Expiry

<p>(3) completed, as a pilot or as an observer, within the 12 months preceding the application, at least:</p> <p>(i) 3 route sectors on the flight deck of the applicable aircraft type; or</p> <p>(ii) 2 line-orientated flight training-based simulator sessions conducted by qualified flight crew on the flight deck of the applicable type. These simulator sessions shall include 2 flights of at least 2 hours each between 2 different aerodromes, and the associated pre-flight planning and de-briefing;</p>	Pilot <input type="checkbox"/> Observer <input type="checkbox"/> sectors on a/c Sim sessions number of Flights a/c type
ii. Helicopters	
For ALL Certificates: (1) Completed, as a pilot or as an observer, at least 1 hour of flight time on the flight deck of the applicable type, within the 12 months preceding the application; and	Pilot <input type="checkbox"/> Observer <input type="checkbox"/> hrs a/c type
(2) For multi-pilot helicopters , at least 1 000 hours of flying experience as a pilot in helicopters, including at least 350 hours in multi-pilot operations in any aircraft category;	..... Total Helicopters hrs Multi Pilot Ops hrs
(3) For single-pilot multi-engine helicopters , completed 500 hours as pilot of helicopters, including 100 hours as PIC on <u>single-pilot multi-engine</u> helicopters;	..... Total Helicopters hrs PIC S/P M/E hrs
(4) For single-pilot single-engine helicopters , completed 250 hours as a pilot on helicopters;	..... Total Helicopters hrs
(5) For single-pilot helicopters in multi-pilot operations , completed at least 350 hours in multi-pilot operations in any aircraft category.	..... Multi Pilot Ops hrs a/c categories

7c. PRE-COURSE EXPERIENCE (IRI– Aeroplanes - Helicopters - Airships)	
i. Aeroplanes	
(1) to provide training in FSTDs during an approved training course at an ATO, have completed at least 200 hours of flight time under IFR after the issuance of the BIR or the IR, of which at least 50 hours shall be in aeroplanes;	..... Total IFR hrs IFR in a/c hrs
(2) to provide training in an aeroplane , have completed at least 800 hours of flight time under IFR, of which at least 400 hours shall be in aeroplanes;	..... Total IFR hrs IFR in a/c hrs
(3) for an IRI(A) for multi-engine aeroplanes, at least (a) 500 hours flight time as a pilot on aeroplanes; (b) 30 hours as PIC on the applicable class or type of aeroplane;	..... Total hrs PIC hrs Class/ Type
ii. Helicopters	
(1) to provide training in FSTDs during an approved training course at an ATO, have completed at least 125 hours of flight time under IFR after the issuance of the IR, of which at least 65 hours shall be instrument flight time in helicopters	..... Total IFR hrs IFR in Helicopters hrs
2) to provide training in a helicopter , have completed at least 500 hours of flight time under IFR, of which at least 250 hours shall be instrument flight time in helicopters; and	..... Total IFR hrs IFR in Helicopters hrs
(3) to provide training in multi-engine helicopters: (a) TRI Assessment of Competence	..... Date of AoC Helicopter Type
(b) (i) have completed 500 hours as pilot of helicopters, including 100 hours as PIC in single-pilot multi-engine helicopters; or	..... hrs hrs as PIC in S/P M/E

(ii) hold an FI(H) certificate, and have completed 100 hours of flight time as a pilot in multi-engine helicopters.	<input type="checkbox"/> hrs
iii. Airships	
At least 300 hours of flight time under IFR, of which at least 100 hours shall be instrument flight time in airships.	..... Total IFR hrs IFR in Airship hrs

7d. PRE-COURSE EXPERIENCE (MCCI– Aeroplanes – Helicopters – Airships – Powered Lift)	
i. Aeroplanes – Airships – Powered Lift	
(1) 1 500 hours of flying experience as a pilot in multi-pilot operations, of which at least 350 hours in the appropriate aircraft category;	.....Total M/P Ops hrs in a/c cat. hrs
ii. Helicopters	
2) 1 000 hours of flying experience as a pilot in multi-pilot operations, of which at least 350 hours in helicopters.	.....Total M/P Ops hrs Total Helicopters hrs

8. SYNTHETIC TRAINING INSTRUCTOR REQUIREMENTS	
STI (A) & (H) only	
I certify that (name) .....has completed the relevant proficiency check within the preceding 12 months in the following class/type..... on (date)	
STI(H) only	
I certify that (name) .....has completed at least one hour as an observer on the flight deck of the following helicopter type..... on (date)	
Signature (Applicant): Date:	

9. SYNTHETIC TRAINING INSTRUCTOR COURSE COMPLETION (Aeroplane and Helicopter) (to be completed by the ATO conducting the training if a course completion certificate is not issued)	
I certify that (name)..... has satisfactorily completed an approved course of training in accordance with Part-FCL for the following qualification:	
STI (A) <input type="checkbox"/> (H) <input type="checkbox"/> on the following FSTD: FNPT I/II <input type="checkbox"/> FTD 2/3 <input type="checkbox"/> FFS <input type="checkbox"/>	
Total hours of flight instruction related to the duties of an STI on course: .....hours	
FSTD Identification Number of FSTD used (which must be issued in accordance with Commission Regulation (EU) 1178/2011):	
Competent authority issuing qualification certificate for the FSTD.....	
Approved Training Organisation (ATO): .....ATO approval No.:	
Competent authority issuing approval:	
Name of Head of Training:	
Signature (Head of Training):..... Date:.....	

Applicants for the STI only please go to Section 15

10. THEORETICAL KNOWLEDGE COURSE COMPLETION (PPL Holders only)

Confirmation of theoretical knowledge training course completed CPL ATP

Category of examinations: Aeroplanes Helicopters Airships

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:

11. FI PRE-ENTRY FLIGHT TEST

I recommend (name)..... for the FI course

Date of satisfactory pre-entry flight test.....

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

Competent authority issuing approval:

Name of FI who conducted the flight test (block capitals):

Licence Number: Competent authority issuing the licence:

Note: The FI conducting the pre-entry flight test must be qualified in accordance with FCL.905.FI(i).

Signature (FI who conducted flight test):..... Date:.....

12. APPROVED COURSE CERTIFICATE (to be completed by the ATO conducting the training if a course completion certificate is not issued)

I certify that (name)..... has satisfactorily completed an approved course of training in accordance with Part-FCL for the following qualification:

- i. FI(A) FI(H) FI(As)
- ii. Type Rating Instructor (TRI(A), TRI(H), TRI(PL)) (Please specify type).....
- iii. TRI issued in accordance with FCL.725(e) (Please specify type).....
- iv. Synthetic Flight Instructor (SFI(A), SFI(H)) (Please specify type).....
- v. Class Rating Instructor (CRI) SE ME SE & ME
- vi. Instrument Rating Instructor (IRI) A H As
- vii. Synthetic Flight Instructor (SFI) SPA MPA H PL
- viii. Multi-crew Co-operation Instructor (MCCI) Flight Test Instructor (FTI)

The course comprised hours of theoretical knowledge instruction. If a credit towards the teaching and learning element was given in accordance with FCL.915(c)(1), please indicate which instructor certificate is held:

FI CRI TRI IRI MCCI SFI FTI

The course comprised hours of flight instruction of which hours were instrument ground time in a FTD 2/3, FNPT I, FNPT II/III or FSS.

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

Competent authority issuing qualification certificate for the FSTD:

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

Competent authority issuing approval:

Name of Head of Training:

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

13. CONFIRMATION OF ASSESSMENT OF COMPETENCE

I have successfully completed an assessment of competence for the issue of an instructor certificate.

Assessment of competence date(s):

Aircraft type and registration: or

FSTD Identification Number:

Examiner's name:Examiner's Number:

Signature (Examiner):.....	Date:.....
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Note: Applicants are advised that the licence will not be issued until the Examiner's Report Form is received

14. 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:.....
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PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

15. 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 EASA Part-MED Medical Certificate	<input type="checkbox"/>	
Original or Copy of flying logbooks, certified by the ATO Head of Training	<input type="checkbox"/>	
Copy of Training Course Certificates (if Sections 10,11 or 13 are not completed)	<input type="checkbox"/>	
Copy of Theoretical Knowledge Examinations results (ref. section 11)	<input type="checkbox"/>	
Assessment of Competence Examiner's Report form	<input type="checkbox"/>	
Payment Form	<input type="checkbox"/>	
Additionally, if Examiner or ATO is not approved by Cyprus DCA		
Copy of Part-ORA Approved Training Organisation approval certificate	<input type="checkbox"/>	
Copy of Examiner's approval certificate, license and Medical Certificate	<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

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

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

17. 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