



REPUBLIC OF CYPRUS



DEPARTMENT OF CIVIL AVIATION

APPLICATION FOR THE REVALIDATION OR RENEWAL OF AN INSTRUCTOR CERTIFICATE IN ACCORDANCE WITH PART – FCL

Please complete this form in **BLOCK CAPITALS** using black or dark blue ink and submit as instructed.

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. 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. RATINGS HELD **To be completed by the Applicant**

Please give the date of the most recent Skill Test (LST), Licensing Proficiency Check (LPC), Assessment of Competence (AoC) or Revalidation by Experience for **each** type and/or class and/or rating and/or 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

4. APPLICATION (tick as appropriate) **To be completed by the Applicant**

I am applying to revalidate or to renew the following Flight Instructor Certificate in accordance with Part-FCL:

FI(A) FI(H) FI(As)

I am applying to revalidate or to renew the Type Rating Instructor Certificate in accordance with Part-FCL:

(Please specify types)

I am applying to revalidate or to renew the Synthetic Flight Instructor Certificate in accordance with Part-FCL:

(Please specify types)

I am applying to revalidate or to renew the Class Rating Instructor Certificate in accordance with Part-FCL:

(Please specify types)

I am applying to revalidate or to renew the following Instructor Certificate in accordance with Part-FCL:

IRI STI MCCI FTI

I require the DCA to reissue my licence with the revalidated Instructor Certificate

Please note that there is a fee for the license reissue in accordance with the Scheme of Charges.

5. REVALIDATION/RENEWAL EXPERIENCE (FI/CRI/FTI/STI)					
	FI/IRI(A)/(H)	FI/IRI(As)	CRI(A)	FTI(A)/(H)	STI(A)/(H)
	Min Hrs				
Total flight instruction within period of validity (FCL.940.FI)(FCL.940.CRI)(FCL.940.IRI)	50	20	10		
Instrument flight instruction within 12 months preceding expiry of Certificate (FCL. 940.FI), (FCL.940.IRI)	10	10			
Total flight instruction on Single-engine aeroplanes within period of validity (FCL.940.CRI(a)(1))-(for SE/ME privilege)			5		
Total flight instruction on Multi-engine aeroplanes within period of validity (FCL.940.CRI(a)(1))-(for SE/ME privilege)			5		
Total hrs of flight tests within period of validity (FCL.940.FTI)				50	
Total hrs of flight tests within 12 months preceding expiry of Certificate (FCL. 940.FTI)				5	
Total hrs of flight instruction in a FSTD within 12 months preceding expiry of Certificate (FCL. 940.STI)					3

6. REVALIDATION/RENEWAL (TRI– Aeroplanes - Helicopters - Powered Lift Aircrafts)	
i. Aeroplanes	
For Revalidation of a TRI certificate:	
Within the 12 months immediately preceding the expiry date of the certificate, conduct: (1) simulator session of at least 3 hours, or (2) one air exercise of at least 1 hour comprising a minimum of two take-offs and landings;	..... Sim sessions hrs
For Renewal of a TRI certificate:	
Within the 12 months immediately preceding the date of the application, completed the following at least 30 route sectors, including take-offs and landings on the applicable aeroplane type, of which maximum 15 sectors may be completed in an FFS;	..... sectors on a/c a/c type sectors on FFS
ii. Helicopters – Powered Lift	
For Revalidation of a TRI certificate:	
(1) Within the validity period of the TRI certificate completed at least 50 hours of flight instruction in each of the types of aircraft for which instructional privileges are held or in an FSTD representing those types	..... Hrs a/c type(s) a/c type(s)
(2) At least 15 hours shall be completed in the period of 12 months immediately preceding the expiry date of the TRI certificate	..... hrs
For Renewal of a TRI certificate:	
Within the 12 months immediately preceding the date of the application, completed at least 10 hours of flight time, including take-offs and landings on the applicable aeroplane type, of which maximum 15 sectors may be completed in an FFS;	..... hrs a/c type hrs in FFS or FTD2/3

7. REVALIDATION/RENEWAL (SFI– Aeroplanes - Helicopters - Powered Lift Aircrafts)	
For Revalidation of a SFI certificate:	
Before the expiry date of the SFI certificate have completed at least 50 hours as instructor or examiner in FSTDs	..... hrs
For Renewal of a SFI certificate:	
Within the 12 months immediately preceding the date of the application, completed on an FSTD, the skill test for the issue of the specific aircraft type ratings representing the types for which privileges are to be renewed.	..... a/c type Date of Skill Test

8. REVALIDATION/RENEWAL (MCCI– Aeroplanes - Helicopters -Powered Lift Aircrafts-Airships)	
For Revalidation of a MCCI certificate:	
Within the last 12 months of the validity period of the MCCI certificate completed on the relevant type of FNPT II/III, FTD 2/3 or FFS 3 hours of practical instruction under the supervision of a TRI, SFI or MCCI nominated by the ATO for that purpose. These hours of flight instruction under supervision shall include the assessment of the applicant’s competence as described in FCL.920.	..... hrs FSTD type
For Renewal of a MCCI certificate:	
(1) Within the last 12 months of the validity period of the MCCI certificate completed on the relevant type of FNPT II/III, FTD 2/3 or FFS 3 hours of practical instruction under the supervision of a TRI, SFI or MCCI nominated by the ATO for that purpose. These hours of flight instruction under supervision shall include the assessment of the applicant’s competence as described in FCL.920.	..... hrs.....FSTD type
(2) Technical training related to the type of FSTD where the applicant wishes to instruct	..... Date of Completion

9. COURSE COMPLETION CERTIFICATE	To be completed by Approved Training Organisation
I certify that (name) has satisfactorily completed an refresher training for the revalidation <input type="checkbox"/> or renewal <input type="checkbox"/> of an Instructor Certificate in accordance with Part-FCL.	
Date course commenced: .....and date course finished:	
The course consisted of hours of flight instruction of which hours Synthetic Flight Instruction in a FNPT I, II/III, FTD 2/3 or FSS.	
FSTD Identification Number of device used (which must be issued in accordance) with Commission Regulation (EU) 1178/2011)	
Competent Authority issuing Qualification certificate for the device:	
Approved Training Organisation (ATO): ATO Approval No.:	
Competent Authority issuing Approval:	
Name of Head of Training (or authorized signatory):	
Signature of Head of Training: Date:	
PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1	

10. CONFIRMATION OF ASSESSMENT OF COMPETENCE	To be completed by the Applicant
I have successfully completed an Assessment of Competence for the Issue <input type="checkbox"/> or Revalidation <input type="checkbox"/> or Renewal <input type="checkbox"/> of an Instructor Certificate.	
Assessment of Competence Date(s):	
Aircraft Type and Registration: Or FSTD Identification Number:	
Examiner's Name: Examiner's Number:	
Only for MCCI:	
Instructor's Name: License Number:	
Note: Applicants are advised that the licence will not be issued until the corresponding Examiner's Report Form is received.	

11. DECLARATION OF APPLICANT (tick as appropriate)	To be completed by the Applicant
I declare that the information provided on this form is correct.	
I have have submitted all of the necessary paperwork for my application to be considered.	
Signature: Date:	
PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1	

12. 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			
The following additional information is required to be provided:	Instructor Certificate Revalidation (Tick submitted documents)	Instructor Certificate Renewal (Tick submitted documents)	DCA Use only
Original flying logbook(s) (if applicable) - All flight instruction must be signed by the instructor	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Evidence of identity. (Copy of a Current passport or Identity card);	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Training Course Certificates (if Section 9 is not completed). The Certificate should include all details requested in Section 9.	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment of Competence Examiners Report (Competent Authority's Copy)	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Part-ORA Approved Training Organisation approval certificate (If ATO is not approved by the Cyprus DCA).	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Examiner's approval certificate and licence (if Examiner is not approved by Cyprus DCA).	<input type="checkbox"/>	<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 : For the revalidation of the Instructor Certificate, submitted documents vary depending on the requirements that were followed for the revalidation.

Guidance for Certification of Original Documents

The following people can act as 'certifiers':

- Head of Training or Compliance Manager of Approved/ Declared 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

13. DCA USE ONLY

Enclosures/Remarks <i>(by Licensing Administrator)</i>		
Checked by:	Signed:	Date:

14. 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 or 159