



## APPLICATION FOR EXAMINER DESIGNATION FOR LICENSE SKILL TESTS, RATINGS & INSTRUCTOR ASSESSMENT OF COMPETENCE (AoC)

**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.

Please complete on screen or printed and complete in BLOCK CAPITALS using black or dark blue ink

1. APPLICANT DETAILS						To be completed by the Applicant
DCA Ref. No (License or Medical number):						
Surname:			Forename(s):			
Date of Birth:		Nationality:		Country of Birth:		
Permanent Address:						
Mobile Telephone:			e-mail:			
Address for Correspondence (if different from above):						

2. MEDICAL FITNESS				To be completed by the Applicant
State of Issue	Class of Medical Certificate held	Date of last Medical		DCA use only
<p><b>Note:</b> 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:</p> <p>My medical examination will take place (state place and date):</p>				
<p>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).</p>				

3. LOCATION AND TIMING DETAILS OF TEST				To be completed by the Applicant
Preferred date for test:		A/C Type:		
Timings:		Location:		

4. APPLICATION DETAILS										To be completed by the Applicant
Aeroplane:	<input type="checkbox"/>	Helicopter:	<input type="checkbox"/>	Balloon:	<input type="checkbox"/>	Airship:	<input type="checkbox"/>	Sailplane:	<input type="checkbox"/>	
License:	LAPL	<input type="checkbox"/>	PPL/BPL/SPL	<input type="checkbox"/>	CPL	<input type="checkbox"/>	ATPL	<input type="checkbox"/>		
Class Rating:	SEP:	<input type="checkbox"/>	MEP:	<input type="checkbox"/>						
Instrument Rating:	<input type="checkbox"/>				Type Rating:	<input type="checkbox"/>				
Instructor Certificate:	FI	<input type="checkbox"/>	CRI	<input type="checkbox"/>	IRI	<input type="checkbox"/>	SFI	<input type="checkbox"/>	TRI	<input type="checkbox"/>
i) Initial Instructor Certificate			<input type="checkbox"/>	ii) Extension of Instructor privileges ( <i>details below</i> )					<input type="checkbox"/>	
Additional details (as required):										

5. ATO/DTO RECOMMENDATION			
I certify that (name) _____ has completed a training course in relation to the scope of application as per Section 4 and is recommended to take the Skill Test <input type="checkbox"/> OR Assessment of Competence <input type="checkbox"/> .			
Approved/Declared Training Organisation:			
ATO/DTO Approval No.		Competent Authority issuing Approval:	
Name of Head of Training:		Date:	
Signature of Head of Training: Training Organisation Stamp:			

6. NOMINATED EXAMINER DETAILS				To be completed by the Applicant	
Surname:		Forename:			
Nominated Examiner DCA Reference Number:	EX:		Tel. Number:		
Email Address:					

7. DECLARATION OF APPLICANT				To be completed by the Applicant	
I hereby confirm that I have informed the above nominated examiner and I declare that the information provided on this form is correct.					
Signature:				Date:	

8. EXAMINER ACCEPTANCE				To be completed by DCA			
i.	Test may take place as programmed.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
ii.	A DCA Licensing / Flight OPS Inspector or Senior Examiner will observe the test	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
iii.	A DCA Licensing / Flight OPS Inspector or Senior Examiner will conduct the test	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		

9. CHARGES	
The charge(s) required will be calculated in accordance with DCA Scheme of Charges and to be paid after the completion of the check. NB: License/Certificate application will not be processed until the applicable charges have been received.	
<b>Overseas Visits:</b> If a Member or employee of the DCA is required to travel overseas in respect of this application, you are advised to contact 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.	

10. SUBMISSION INSTRUCTIONS		
Send your completed application form to: Department of Civil Aviation, Licensing Section, 27 Pindarou Street, 1060, Nicosia, Cyprus or to : <a href="mailto:eld@dca.mcw.gov.cy">eld@dca.mcw.gov.cy</a>		
	Tick submitted documents	DCA Use only
a.	Copy of valid EASA Part-FCL license (if applicable)	<input type="checkbox"/>
b.	Copy of a valid EASA Part-MED Class 1 or 2 Medical Certificate	<input type="checkbox"/>
c.	Copy of Course Completion Certificate by responsible ATO/DTO (if Section 5 is not completed)	<input type="checkbox"/>
d.	Evidence of identity. (Current passport or Cyprus Identity card)	<input type="checkbox"/>
<b>Please note that failure to submit all of the required documentation may lead to a delay in the processing of your application. All copies should be certified as "True Copies"</b>		

Note: Guidance for Certification of Original Documents

The following people can act as 'certifiers':

- Head of Training of ATO/DTO 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

**11. GUIDANCE NOTES**

1. This form must be submitted at least 5 working dates before requested date of test for sufficient programming in the case that Department's Inspector/Senior Examiner will conduct or observe the Test. Failure to do this may cause delay to the conduct of the test.
2. The candidate and the designated examiner will be informed via email for comments/approval.
3. In the case that the Test will NOT be conducted by the Nominated Examiner, then the assigned examiner will contact the candidate for test details arrangements.
4. No Test is to be conducted without the Department's consent.

**12. DCA USE ONLY**

Enclosures/Remarks	
Checked by:	Signed: