



## APPLICATION TO ATTEND AN EXAMINER STANDARDISATION COURSE IN ACCORDANCE WITH PART-FCL.1015

**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:  | CY.FCL. |              |              |                                  |  |  |  |
| Surname:  |         |              | Forename(s): |                                  |  |  |  |
| Date of Birth:  |         | Nationality: |              | Country of Birth:                |  |  |  |
| Permanent Address:                                    |         |              |              |                                  |  |  |  |
| 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><u>Note:</u> 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): <input style="width: 400px;" type="text"/></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. STANDARDISATION COURSE DETAILS  |                          |             |                          |                          |   |          |                          |            |                          |      |                          | To be completed by the Applicant |  |  |  |
|--|--------------------------|-------------|--------------------------|--------------------------|---|----------|--------------------------|------------|--------------------------|------|--------------------------|----------------------------------|--|--|--|
| <b>I wish to attend a course for the following Examiner Certificate:</b> |                          |             |                          |                          |   |          |                          |            |                          |      |                          |                                  |  |  |  |
| FE:  | <input type="checkbox"/> | CRE:        | <input type="checkbox"/> | IRE:                     | <input type="checkbox"/>                              | FIE:     | <input type="checkbox"/> | SFE:       | <input type="checkbox"/> | TRE: | <input type="checkbox"/> |                                  |  |  |  |
| Aeroplane:   | <input type="checkbox"/> | Helicopter: | <input type="checkbox"/> | Balloon:                 | <input type="checkbox"/>                              | Airship: | <input type="checkbox"/> | Sailplane: | <input type="checkbox"/> |      |                          |                                  |  |  |  |
| i) Examiner Standardisation Course (initial)                             |                          |             |                          | <input type="checkbox"/> | ii) Examiner Refresher Seminar (revalidation/renewal) |          |                          |            | <input type="checkbox"/> |      |                          |                                  |  |  |  |
| iii) Extension of Examiner privileges                                    |                          |             |                          | <input type="checkbox"/> |   |          |                          |            |                          |      |                          |                                  |  |  |  |
| Additional details (as required):  |                          |             |                          |                          |   |          |                          |            |                          |      |                          |                                  |  |  |  |

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

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 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. EXAMINER CERTIFICATES HELD** **To be completed by the Applicant**

| Type / Privileges of Examiner Certificate | Certificate Expiry Date | Restrictions (e.g., Simulator only etc.) |
|---|-------------------------|--|
|   |                         |  |
|   |                         |  |
|   |                         |  |
|   |                         |  |
|   |                         |  |

**6a. FLYING EXPERIENCE (FE ONLY)** **To be completed by the Applicant**

(To be completed ONLY for initial issue or variation application only)

|   | FE(A) | FE(H) | FE(As) | FE(B) | FE(S) |
|---|-------|-------|--------|-------|-------|
| Total flight time in relevant aircraft category (FCL.1005.FE)(BFCL.415.FE)(SFCL.415.FE)                   |       |       |        |       |       |
| Total instructional flight time in relevant aircraft category (FCL. 1005.FE) (BFCL.415.FE) (SFCL. 415.FE) |       |       |        |       |       |
| Number of instructional launches in sailplanes or powered sailplanes (SFCL. 415.FE (a))                   |       |       |        |       |       |
| Total flight instruction time in TMGs (FCL.1005.FE(a))(SFCL.415.FE)                                       |       |       |        |       |       |

**6b. FLYING EXPERIENCE (FIE / CRE / IRE)** **To be completed by the Applicant**

(To be completed ONLY for initial issue or variation application only)

|   | FIE | CRE | IRE |
|---|-----|-----|-----|
| Total flight time as pilot (FCL.1010.FIE), (FCL.1010.CRE), (FCL.1010.IRE), (BFCL.415.FE), (SFCL.415.FE)           |     |     |     |
| Total flight time instructing applicants for an FI certificate (FCL.1010.FIE)(BFCL.415.FE)(SFCL.415.FE)           |     |     |     |
| Total flight time/take-offs instructing applicants for an instructor certificate in TMGs (SFCL.415.FE)            |     |     |     |
| Total number of launches instructing applicants for an instructor certificate in TMGs or Sailplanes (SFCL.415.FE) |     |     |     |
| Flight time under IFR (FCL.1010.IRE(a)(2))  |     |     |     |
| Flight time under IFR as an instructor (FCL.1010.IRE(a)(2))   |     |     |     |
| Instrument flight time on helicopters (FCL.1010.IRE(b)(2))  |     |     |     |
| Instrument flight time on helicopters as an instructor (FCL.1010.IRE(b)(2))                                       |     |     |     |
| Instrument flight time in airships (FCL.1010.IRE(c)(2))   |     |     |     |
| Instrument flight time in airships as an instructor (FCL.1010.IRE(c)(2))  |     |     |     |

| <b>6c. FLYING EXPERIENCE (TRE / SFE ONLY)</b>   |  | <b>To be completed by the Applicant</b> |        |        |        |
|---|--|---|--------|--------|--------|
| (To be completed ONLY for initial issue or variation application only)  |  |   |        |        |        |
|   |  | TRE(A)                                  | TRE(H) | SFE(A) | SFE(H) |
| Flight time as pilot of multi-pilot aeroplanes (FCL.1010.TRE(a)(1), FCL.1010.SFE(a)(1))   |  |   |        |        |        |
| Flight time as PIC of multi-pilot aeroplanes (FCL.1010.TRE(a)(1))   |  |   |        |        |        |
| Flight time as pilot of single pilot high performance aeroplanes (FCL.1010.TRE(a)(2), FCL.1010.SFE(a)(2))   |  |   |        |        |        |
| Flight time as PIC of single pilot high performance aeroplanes (FCL.1010.TRE(a)(2))   |  |   |        |        |        |
| Flight instruction on the applicable aeroplane type or FSTD representing that type (FCL.1010.TRE(a)(4)), FCL.1010.SFE(a)(3))                      |  |   |        |        |        |
| Flight time as pilot of helicopters (FCL.1010.TRE(b)(4)(i), FCL.1010.TRE(5)(i))   |  |   |        |        |        |
| Flight time as PIC of helicopters (FCL.1010.TRE(b)(4)(i), FCL.1010.TRE(5)(i))   |  |   |        |        |        |
| Flight time as pilot of multi-pilot helicopters (FCL.1010.TRE(b)(3))  |  |   |        |        |        |
| Flight time as PIC of multi-pilot helicopters (FCL.1010.TRE(b)(3))  |  |   |        |        |        |
| Flight instruction as TRI, FI or SFI in the applicable helicopter type or an FSTD representing that type (FCL.1010.TRE(b)(2), FCL.1010.SFE(b)(4)) |  |   |        |        |        |

| <b>7. ATO EXAMINER STANDARDISATION COURSE DETAILS</b> |  |                            |  | <b>To be completed by the ATO</b> |  |
|---|--|----------------------------|--|-----------------------------------|--|
| ATO Name:   |  |                            |  |                                   |  |
| ATO Approval Number:                                  |  | ATO's Competent Authority: |  |                                   |  |
| Training Site (Location)                              |  | Course Start Date:         |  |                                   |  |
| Name Head of Training (HT):                           |  |                            |  |                                   |  |
| E-mail:   |  | Contact Telephone:         |  |                                   |  |
| Head of Training Signature:                           |  | Date:                      |  |                                   |  |

| <b>8. EXAMINER APPLICANT'S DECLARATION</b>   |  | <b>To be completed by the Applicant</b> |  |
|--|--|---|--|
| I declare that:  |  |   |  |
| <ol style="list-style-type: none"> <li>1. I do not hold a Part-FCL Examiner Certificate issued in another Member State</li> <li>2. I have not applied for any Part-FCL Examiner Certificate in another Member State</li> <li>3. I have never held a Part-FCL Examiner Certificate issued in another Member State which was revoked or suspended</li> <li>4. I have not been subject to any sanctions, including the suspension, limitation or revocation of any of my licenses, ratings or certificates issued in accordance with the Part-FCL, for non-compliance with the Basic Regulation and its Implementing Rules during the last 3 years.</li> <li>5. I have submitted an official printout of criminal record file issued by the State of Residence (max. 3 months old)</li> </ol> |  |   |  |
| Signature:   |  | Date:                                   |  |

| <b>9. CHARGES</b>   |
|---|
| The charge(s) required will be calculated in accordance with DCA Scheme of Charges and to be paid after the completion of the check.<br>NB: This application will not be processed until the applicable charges have been received.   |
| <b>Overseas Visits:</b><br>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. |

## 10. SUBMISSION INSTRUCTIONS

Send your completed application form to:

Department of Civil Aviation, Licensing Section, 27 Pindarou Street, 1060, Nicosia, Cyprus

or to : [eld@dca.mcw.gov.cy](mailto:eld@dca.mcw.gov.cy)

|   | Tick submitted documents | DCA Use only |
|---|--------------------------|--------------|
| a. Copy of valid EASA Part-FCL license  | <input type="checkbox"/> |              |
| b. Copy of a valid EASA Part-MED Class 1 Medical Certificate  | <input type="checkbox"/> |              |
| c. Evidence of identity. (Current passport or Cyprus Identity card)   | <input type="checkbox"/> |              |
| d. Copy of flying logbooks, certified by the ATO Head of Training or Operator's Flight Operations Manager ( only for Initial or Variation of Certificate) | <input type="checkbox"/> |              |
| e. Official printout of criminal record file issued by the State of Residence (max. 3 months old)   | <input type="checkbox"/> |              |
| f. Payment Form   | <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.**

**All copies should be certified as "True Copies"**

Note: Guidance for Certification of Original Documents

The following people can act as 'certifiers':

- Head of Training or Compliance Monitoring Manager of Approved Training Organisation.
- Flight Ops or Compliance Monitoring Manager of CAT Operator

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 completed by all applicants for:
  - Initial issue of Examiner's Certificate, or
  - Revalidation or Renewal of Examiner's Certificate
2. Applicants should furnish this form at least 30 days in advance of a proposed Examiner Standardisation Course
3. The Department, after reviewing the form will communicate with the applicant via email, for comments/approval