



REPUBLIC OF CYPRUS
DEPARTMENT OF CIVIL AVIATION



Licensing

FOR OFFICIAL USE

Date of receipt:

APPLICATION FOR VERIFICATION OF A LICENSE ISSUED BY CYPRUS DCA

Please complete the form 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.

1. APPLICANT DETAILS

Cyprus DCA Ref. Number:

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Surname:

Forename(s):

Date of Birth:

Nationality:

Town of Birth:

Country of Birth:

Permanent Address:

Telephone:

Mobile telephone:

e-mail:

Address for Correspondence (if different from above):

2. PARTICULARS OF CYPRUS LICENSE PRESENTED FOR VALIDATION

Type/ Class of License	License Number	Expiry Date

3. APPLICANT'S CONSENT TO RELEASE INFORMATION (please complete Section A or B)

A. AGREEMENT FOR RELEASE OF INFORMATION TO AVIATION AUTHORITY Tick if appropriate

I hereby consent to the disclosure by the Cyprus Department of Civil Aviation (DCA) to the
Aviation Authority / Administration of details associated with the above Cyprus issued license(s) as requested by that Authority.

Signature..... Date.....

OR

B. AGREEMENT FOR RELEASE OF INFORMATION TO COMPANY / AIRLINE Tick if appropriate

I hereby consent to the disclosure by the Cyprus Department of Civil Aviation (DCA) of details associated with the above Cyprus issued license(s) to:

Company Name.....

Address..... Email.....

4. YOUR NEXT STEP

Applicants for license verification must contact the Authority / Company / Airline to whom the verification is to be made. The Authority /Company / Airline must ensure a request is submitted to the Cyprus DCA at the address in Section 7 or by email to eld@dca.mcw.gov.cy

Please note license verification cannot be completed without this request is accompanied by this form.

5. DECLARATION

I declare that the information provided on this form is correct.

I have read the guidance notes in Section 4 and confirm that I have contacted the relevant Authority / Company / Airline to advise that verification request is made to the Cyprus DCA.

Signature..... Date.....

6. SUBMISSION INSTRUCTIONS

Send your completed application form to:

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

Please note that failure to submit all of the required documentation may lead to a delay in the processing of your application.

If you are unable to find the information you require please contact our Licensing team on +35722404126/+35722404128 or email at eld@dca.mcw.gov.cy

7. DCA USE ONLY

Enclosures/Remarks	
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Checked by:	Signed:
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