



FOR OFFICIAL USE
Date of receipt:

## APPROVAL OF AN AIRCRAFT FOR FLIGHT TRAINING - EVALUATION

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.

1. TRAINING ORGANISATION AND OWNER'S DETAI	LS (to be completed	by the applicant)				
Name of Organisation/Operator:	ATO/DTO Number	:				
Organisation Address:						
Phone No:	Email:					
Owner's Name:	ID/Passport No:					
Owner's Address:						
Phone No:	Email:					
2. AIRCRAFT DETAILS (to be completed by the applicant)						
Aircraft Type/model: Registration:	Aircraft Dates of Leasing:					
For UPRT Training Courses:   Basic Course   Advance Course						
- Is the aeroplane appropriately certified in a manner that takes into account the effects of repeated training manoeuvres on aircraft fatigue life?   YES  NO						
- Does the aeroplane provide sufficient safety margins to cater for students and instructors' errors?   YES  NO						
* (Sufficient evidences should be submitted to show compliance with the above requirements)						
3. DECLARATIONS						
a. By the Operator/Organisation:						
I declare that the information on this form is correct, the aircraft meets the requirements of Part-ORA.ATO.135 and						
I have submitted all of the necessary paperwork for my application to be considered.						
Name: Signature of Applicant: Date:						

b.	By CAMO/CAO Technical Manager:				
	I declare that the information on this form is correct and I confirm that there is a valid contract for the management of continuing airworthiness tasks for the aircraft with Reg. Marks				
	Name: Signature of Technical Manag	ger:	Date:		
c.	By Part-145 AMO or Part-M Subpart-F Organisation or CAO Technical Manager:				
I declare that the information on this form is correct and I confirm that there is a valid contract for the performance of the maintenance for the aircraft with Reg. Marks					
	Name: Signature of Technical Manage	ger:	Date:		
4.	AIRCRAFT DETAILS AND DOCUMENTS	(to be comp	leted by Airworthiness Section)		
Air	worthiness Declaration				
I hereby confirm that I have reviewed the above document and information recorded above is to the best of my knowledge correct.					
Nar	Name: Date: Date:				
5.	AIRCRAFT APPROVAL FOR TRAINING	(to be co	ompleted by Licensing Inspector)		
Having reviewed the information contained in this form, the aircraft has been approved for training with the above ATO.					
Name: Date:					
6. SUBMISSION INSTRUCTIONS					
Send your completed application form to:					
Department of Civil Aviation, Licensing Section, 27 Pindarou Street, 1060 Nicosia, Cyprus					
To apply for the approval of a training aircraft, the following additional information is required to be provided:					
		Tick submitted documents	DCA Use only		
Copy	y of a valid Aircraft Certificate of Registration				
	y of a valid Afficialt Certificate of Registration				
Copy	y of a valid Aircraft Certificate of Airworthiness				
Copy	y of a valid Aircraft Certificate of Airworthiness				
Cop	y of a valid Aircraft Certificate of Airworthiness y of a valid Aircraft Airworthiness Review Certificate				
Copy Copy AMC	y of a valid Aircraft Certificate of Airworthiness  y of a valid Aircraft Airworthiness Review Certificate  y of a valid written contract between the Operator/owner with a CAMO/CAO  y of a valid written contract between the Operator/owner with a Part-145				

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

**Note**: where copies are provided these should be certified as "True Copies".

The following people can act as 'certifiers for True Copies':

• Head of Training or Compliance Monitoring 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