

4. APPLICATION

I am applying for the Revalidation by experience for Single Engine Piston* and/or Touring Motor Gliders* only
 (*delete if not applicable)

As per FCL.740.A (b) (10 (ii), within the 12 months preceding the expiry date of the rating:

	Minimum experience i.a.w.Part- FCL	Applicant's Experience	DCA Use Only
Total Flight Times	12 hrs		
Total Flight Time as PIC	6 hrs		
Take –off	12		
Landings	12		
Training Flight with a Flight Instructor	1 hr		

5. DECLARATION OF APPLICANT

- a. I declare that the information provided on this form is correct.
 b. I have submitted all of the necessary paperwork for my application to be considered.

Signature: Date:

6. PAYMENT METHOD

Please complete and submit form LIC/ACC/01 as per instruction.

7. SUBMISSION INSTRUCTIONS

Send your completed application form to:
 Department of Civil Aviation,
 Licensing Section,
 27 Pindarou Street,
 1060 Nicosia, Cyprus

Together with:

	Tick submitted documents	DCA Use only
<i>Original of License Document</i>	<input type="checkbox"/>	
<i>Original or Certified True Copies of flying log book, with flying experience certified by the Head of Training of ATO/RF where this experience was gained.</i>	<input type="checkbox"/>	
<i>Original or Certified True Copy of valid Medical Certificate</i>	<input type="checkbox"/>	
<i>Payment receipt</i>	<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.

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

8. DCA USE ONLY

Enclosures/Remarks	
Checked by:	Signed: