



FOR OFFICIAL USE

Date of receipt:

**Application to change the Competent Authority of a Part-FCL Licence or Certificate to Cyprus from another EASA Member State**

Please complete the form in BLOCK CAPITALS using black or dark blue ink after reading the attached guidance

**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	
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. MEDICAL FITNESS			
State of Issue	Class of Medical Certificate held	Date of last Medical	DCA use only

Note: 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:

My medical examination will take place at: ..... on: .....

A licence will not be issued to any person unless their medical records supporting their Part-MED medical certificate are held by an Aeromedical Centre located in Cyprus. 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).

3. DETAILS OF PART – FCL OR JAR – FCL LICENCE(S) HELD						
State of issue	Licence Type (e.g. Part-FCL or JAR-FCL)	Licence Class (e.g. PPL, CPL)	Aircraft Category (e.g. Aeroplane, Helicopter)	Licence Number	Expiry Date (if applicable)	DCA use only

4. DETAILS OF TYPE / CLASS / ADDITIONAL RATING(S) HELD			
Type / Class / Additional Rating held	Date of Skill Test / Proficiency Check (if applicable)	Expiry Date of Rating (if applicable)	DCA use only

5. DETAILS OF INSTRUMENT RATING(S) HELD				
Type / Class of Aircraft	Indicate if Test / Check was flown Single or Multi-Pilot (SP or MP)	Date of Test / Check	Expiry Date	DCA use only

6. DETAILS OF INSTRUCTOR CERTIFICATE(S) / RATING(S) HELD					
State of Issue	Type of Instructor qualification & aircraft category (e.g. FI(A), TRI(H))	Date of issue	Expiry Date	Details of Privileges/restrictions (e.g. FI - CPL, IR, ME) (e.g. TRI - Sim only)	DCA use only

7. DETAILS OF EXAMINER CERTIFICATE(S) / AUTHORISATION(S) HELD					
State of Issue	Type of Examiner Certificate & aircraft category (e.g. FE(A), TRE(H))	Date of issue	Expiry Date	Details of Privileges/restrictions (e.g. FE(A) - PPL)	DCA use only

**8. DETAILS OF ATPL THEORETICAL KNOWLEDGE CREDIT HELD (if applicable) (CPL holders only)**

EASA Member State under whose authority exams were passed	Type of exams passed (State 'Part-FCL', 'JAR-FCL' or 'National')	Date of final ATPL exam pass	DCA use only

**9. LANGUAGE PROFICIENCY**

Language	LP level endorsed on license	Expiry Date (if applicable)	DCA use only

**10. MULTI-CREW CO-OPERATION COURSE (MCC) (if applicable) (CPL holders only)**

Date of completion of MCC course	Approved Training Organisation (ATO) where MCC course was completed	ATO Approval No.	EASA Member State that approved the ATO	DCA use only

**11. PAYMENT METHOD**

Please complete and submit form LIC/ACC/01.

Payment may either be in cash at the Account Section of DCA or by a Cheque payable to the Director of the DCA. Please enclose copy of receipt form LIC/ACC/01 with your application of submission.

Applicable Fees and Charges are published at DCA official website.

**12. DECLARATION (see guidance note)**

In accordance with FCL.015 (d), I hereby apply to change the Competent Authority of my Part-FCL license and/or Certificate, and for the transfer of my associated licensing and medical records, to Cyprus.

I hereby declare that:-

- a. I do not hold any personnel license, certificate, rating, authorisation or attestation, other than as detailed in Section 2 of this form, with the same scope and in the same category issued in another Member State;
- b. I have not applied for any personnel license, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State;
- c. I have never held any personnel license, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State which was revoked or suspended;
- d. I am not the subject of any pending license enforcement action in another Member State.

I hereby give permission to the Department of Civil Aviation, Cyprus to request and receive all details concerning my Flight Crew License(s) and my medical fitness from my current Competent Authority and to make such enquiries concerning my medical fitness as is deemed necessary.

I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.

Signature of Applicant..... Date.....

### 13. SUBMISSION INSTRUCTIONS

Send your completed application form to:

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

For this application the following additional information is required to be provided:

	Tick submitted documents	DCA Use only
Copy of your existing Part-FCL or JAR-FCL Flight Crew License(s) (all pages)	<input type="checkbox"/>	
Copy of a valid Medical Certificate issued in accordance with Part-MED (Validity date must be sufficient to cover the anticipated license issue date);	<input type="checkbox"/>	
Evidence of identity. (Current passport, Birth Certificate or Identity card);	<input type="checkbox"/>	
Copy of your existing Part-FCL or JAR-FCL Instructor / Examiner Certificate(s) / Authorisation(s) – if applicable	<input type="checkbox"/>	

Additionally, **ONLY** for CPL holders

Copy of your ATPL theoretical knowledge examination results (if available / applicable)	<input type="checkbox"/>	
Copy of your MCC course completion certificate	<input type="checkbox"/>	
Copy of the ATO approval certificate (including list of courses) for MCC course provider	<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.**

**Note:** where copies are provided these should be certified as "True Copies" as per Section B of Guidance Notes.

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

### 14. DCA USE ONLY

Enclosures/Remarks	
Checked by:	Signed:

## GUIDANCE NOTES

In order for the DCA to process your application as quickly as possible, it is important that you complete the application form correctly. The application form applies to a number of different licences and ratings, so not all sections may be applicable to you. You should be aware that the process to transfer your licensing and medical records can take up to **12 weeks** to complete.

Please complete the form in conjunction with the following guidance notes.

### A. GENERAL GUIDANCE

#### Section 1 - Personal Details

The permanent address will be entered on the DCA-issued Part-FCL Flight Crew Licence, and will also be the address to which the licence will be sent if the exchange of Part-FCL licences is to be completed by post. If you want the licence sent to an alternative address please enter the details under 'correspondence address'.

#### Section 2 - Medical Certificate

Please enter details of the last five Part-MED or JAR-FCL Medical Certificates held.

#### Section 3 - Details of Part-FCL or JAR-FCL licence(s) held

Please enter details of the licence(s) held, as applicable.

#### Section 4 - Details of Type / Class / Additional rating(s) held

Please give details of all valid type, class and/or additional rating(s) (e.g. Night, Aerobatic, Towing etc.) held. **Note:** Expired ratings and National (non-Part-FCL) ratings will **NOT** be entered on the DCA-issued Part-FCL licence - a record of them will usually be received by the DCA as part of the licence verification process in case you wish to renew any of them in the future.

#### Section 5 - Details of Instrument rating(s) held

Please give details of all Instrument Rating(s) held.

#### Section 6 - Details of Instructor Certificate(s) / rating(s) held

Please give details of all Instructor Certificate(s) or rating(s) held, including all privileges/restrictions .

#### Section 7 - Details of Examiner Certificate(s) / Authorisation(s) held

Please give details of all Examiner Certificate(s) or Authorisation(s) held, including all privileges/restrictions.

#### Section 8 - Details of ATPL Theoretical Knowledge Credit held (CPL holders ONLY)

If applicable, please enter the details of your ATPL theoretical knowledge examinations.

#### Section 9 - Language Proficiency

Please enter details of all valid Language Proficiency endorsements held. **Note:** if you do not hold a valid English Language Proficiency (ELP) endorsement, you will be required to complete an ELP assessment, either with a DCA ELP Assessor or an assessor/organisation acceptable to the DCA.

#### Section 10 - Multi-crew Co-operation Course (MCC) (CPL holders ONLY)

If applicable, please enter the details of the MCC course completed.

#### Section 12 - Declaration

This section must be completed by the applicant after reviewing all information entered on the application form. If you are unable to agree with any of the statements in the declaration, please contact the Personnel Licensing Office for further advice before submitting this application.

## **B. GUIDANCE FOR CERTIFICATION OF ORIGINAL DOCUMENTS**

The following people can act as 'certifiers':

- Head of Training or Quality 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