



**REPUBLIC OF CYPRUS
DEPARTMENT OF CIVIL AVIATION**



Licensing

FOR OFFICIAL USE

Date of receipt:

APPLICATION FORM FOR VALIDATION OF MICROLIGHT LICENSES

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:

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 NON PART – FCL LICENCE

Licence to be validated	Country of issue	<input type="text"/>
	Type of Licence	<input type="text"/>
	Licence number	<input type="text"/>
	Date of issue	<input type="text"/>
	Date of expiry	<input type="text"/>
	Date of last medical examination	<input type="text"/>
	Limitations or Endorsements	<input type="text"/>
Radio Telephony licence	Licence number	<input type="text"/>

3. PAYMENT METHOD

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

4. APPLICANT DECLARATION

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

Signature Date.....

It is an offence to make, with intend to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, license, approval, permission or other document. Persons doing so render themselves liable to the relevant law.

5. 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 current Microlight License	<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"/>	

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

6. DCA USE ONLY

Enclosures/Remarks	
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Checked by:	Signed:
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