



<b>FOR OFFICIAL USE</b>
Date of receipt:

**APPLICATION FORM FOR THE INCLUSION OF AN INSTRUMENT RATING IN A PART-FCL LICENCE (AEROPLANES, HELICOPTERS & AIRSHIPS)**

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. 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. PARTICULARS OF NON-EASA LICENCES HELD			
Issuing Authority	Type/Class of Licence	Licence No.	Expiry Date

**4. RATINGS HELD**

Please give the date of the most recent Skill Test, Proficiency Check or Revalidation by Experience for each type and/or class rating and any instructor certificate to be endorsed on your Part-FCL licence

Rating or Certificate held	Single Pilot (SP) or Multi-Pilot (MP)	Date of Test	Date of IR Test (if applicable)	Expiry Date of Rating	Examiner's Licence Number and Name	DCA Use Only

**5. APPLICATION** (tick as appropriate)

**I am applying for:**

IR(A) SE     IR(A) ME     IR(H) SE     IR(H) ME     IR(As)

to be endorsed onto my National  or Part-FCL  licence

PPL     CPL     ATPL

**6. PARTICULARS OF INSTRUMENT RATING & COURSE COMPLETED**

**Instrument Rating:**

I completed a full approved course of training for the Instrument Rating

I completed an abridged course of training for the Instrument Rating

The abridged course is based on:

Holding a Part-FCL CPL or BIFM Certificate for the relevant category

Holding a Part-FCL licence with instrument rating in a different aircraft category

Holding a Third Country pilot licence with instrument rating issued in accordance with ICAO Annex 1

Qualifying under the Cyprus Military Accreditation Scheme

**Initial Instrument Rating**

<b>Instrument (A)</b>	<b>Instrument (H)</b>
Single Pilot Single Engine Aeroplane <input type="checkbox"/>	Helicopter (please specify type): .....
Single Pilot Multi Engine Aeroplane <input type="checkbox"/>	
Multi-Pilot Multi-engine Aeroplane (please specify type): .....	

**Instrument (Airship)**

Airship (please specify type: .....

**7. FLYING EXPERIENCE**

		Total Hours			Hours claimed on course	DCA use only
		Aeroplane	Airship	Helicopter		
A. Cross-country & overseas flying	<b>Section A Total Hours</b>					
B. Night Flying	As pilot in command (PIC)					
	As pilot undergoing training under a qualified instructor in a dual controlled aircraft					
	<b>Section B Total Hours</b>					
C. Instrument Flying	Instruction from a qualified instructor (in flight)					
	Instrument ground time					
	FTD (2/3) or FNPT I					
	FNPT II/III or Flight Simulator					
	<b>Section C Total Hours</b>					

DCA Use Only:

**8. CONFIRMATION OF THEORETICAL KNOWLEDGE COURSE COMPLETED**

**Category:** Aeroplanes  Helicopters  Airship   
**Syllabus:** IR  ATP   
Theoretical Knowledge training completed on course ..... hours  
Competent authority under which the examinations were taken: .....  
**Note:** A certified copy of the examination results must be provided with the application. If the training and examinations were taken with an ATO not subject to Cyprus DCA approval, a certified copy of the ATO approval certificate must also be provided.  
Approved Training Organisation (ATO): .....ATO Approval No.: .....  
Competent authority issuing approval: .....  
Name of Head of Training: .....

Signature (Head of Training): ..... Date: .....

**PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1**

**9. PART-FCL INSTRUMENT RATING COURSE CERTIFICATE**

I certify that (name)..... has satisfactorily met the pre-requisite requirements in accordance with Part-FCL prior to commencing a course of training and has satisfactorily completed a course of training for the grant of an Instrument Rating. I further certify that I have examined the applicant's flying log and that the entries therein comply with the requirements for the grant of an Instrument Rating in accordance with Part-FCL  
Date IR course started: ..... Date IR course completed: .....  
**Aeroplanes:** The course comprised:  
..... Hours dual instrument flight instruction in single-engine aeroplanes  
..... Hours dual instrument flight instruction in multi-engine aeroplanes  
**Helicopters:** The course comprised:  
..... Hours dual instrument flight instruction in single-engine helicopters  
..... Hours dual instrument flight instruction in multi-engine helicopters  
**Airships:** The course comprised:  
..... Hours dual instrument flight instruction

**Simulator Experience (if applicable):**  
..... Hours instrument ground time in a FTD 2/3 or FNPT I  FNPT II/III  Flight Simulator   
FSTD Identification No. of device used (which must be qualified and approved in accordance with Regulation (EU) 1178/2011, as amended: .....  
Competent authority issuing qualification certificate for the FSTD: .....  
Recommended for skill test by (name): .....Licence No.: .....  
Approved Training Organisation (ATO): .....ATO approval No.: .....  
Competent authority issuing approval: .....  
Name of Head of Training: .....

Signature (Head of Training): ..... Date: .....

**PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1**

**10. CONFIRMATION OF SKILL TEST**

I certify that (name)..... has satisfactorily completed a Skill Test for the grant of an Instrument Rating in accordance with FCL.1030. I have examined the applicant's flying log and application form and can confirm that they meet in full the requirements for the grant of the licence in accordance with Part-FCL.

Skill Test Date: ..... Aircraft Type and Registration: .....

Examiner's Name: ..... Examiner's Number. : .....

Authorising Competent Authority: ..... Date of Examiner's Briefing (if applicable): .....

Signature (Examiner): ..... Date: .....

**PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1**

**Note:** Applicants are advised that the rating will not be issued until the corresponding examiner's report has been received.

**11. LANGUAGE PROFICIENCY**

Language	Date	Level	Pass		Examiner's Name & Signature	Reference Number
			Yes	<input type="checkbox"/>		
			No	<input type="checkbox"/>		

The above examinations were completed at .....(Test location)

**12. DECLARATION OF APPLICANT**

I DECLARE that the information given on this form is correct. I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.

Applicant's Signature: ..... Date: .....

**PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1**

<b>13. SUBMISSION INSTRUCTIONS</b>		
Send your completed application form to: Department of Civil Aviation, Licensing Section, 27 Pindarou Street, 1060 Nicosia, Cyprus		
The following additional information is required to be provided:		
	Tick submitted documents	DCA Use only
Examiner's Report form	<input type="checkbox"/>	
Course Completion Certificate	<input type="checkbox"/>	
Evidence of identity. (Current passport, Birth Certificate or Cyprus Identity card);	<input type="checkbox"/>	
Additionally, if training and/or testing has taken place outside of Cyprus:		
Copy of Part-ORA Approved Training Organisation approval certificate;	<input type="checkbox"/>	
Copy of Examiner's approval certificate and licence	<input type="checkbox"/>	
Additionally, if the Instrument Rating course has been abridged		
Copy of Part-FCL CPL or BIF certificate for the same category as that applied for; or	<input type="checkbox"/>	
Copy of Part-FCL license with Instrument Rating in a different category of aircraft; or	<input type="checkbox"/>	
Original of third country license with instrument rating in the same category of aircraft; or	<input type="checkbox"/>	
For Qualified Military Pilots only-Copy of 'Wings' certificate and Qualification page from the Service logbook, certified as a true copy, by the Commanding Officer.	<input type="checkbox"/>	
<b>Please note that failure to submit all of the required documentation may lead to a delay in the processing of your application.</b>		
If you are unable to find the information you require please contact our Licensing team on +35722404126/+35722404128 or email at <a href="mailto:eld@dca.mcw.gov.cy">eld@dca.mcw.gov.cy</a>		