



APPLICATION FOR THE ISSUE OF A CYPRUS ULTRALIGHT FLIGHT SPORT MACHINE (UFSM) LICENSE

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.

DATA PROTECTION NOTICE

The DCA will process the personal data in accordance with its policies and in compliance with the Law providing for the Protection of Natural Persons with regard to the Processing of Personal Data and for the Free Movement of such Data of 2018 (Law 125(I)/2018) and the General Data Protection Regulation (EU) 2016/679. This personal data is shared with other Government agencies/Third parties only for the lawful purposes of processing and it will be retained for as long as needed to provide you with our service, or to comply with our legal obligations, resolve disputes and enforce our agreements.

For further information, pls contact DCA "Data Protection Officer" who is responsible for matters relating to privacy and data protection by email: dpo@dca.mcw.gov.cy

1. APPLICANT DETAILS	
Cyprus DCA Personal ref. number: CY.FCL.	
Surname:	Forename(s):
Date of Birth:	Nationality:
Town of Birth:	Country of Birth:
Permanent Address:	
Mobile telephone:	e-mail:
Address for Correspondence (if different from above):	

2. APPLICATION (tick as appropriate)	<i>To be completed by the Applicant</i>
I am applying for	
CY UFSM License with operational limitations	<input type="checkbox"/>
CY UFSM License without operational limitations	<input type="checkbox"/>
Removal of operational limitation from CY UFSM license	<input type="checkbox"/>

3. MEDICAL FITNESS *To be completed by the Applicant*

State of Issue	Class of Medical Certificate held or a Health Card from the Cyprus Sports Organization	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 the Cyprus Aeromedical Section. or Cyprus Sport Organization.

4. PARTICULARS OF ANY PILOT’S LICENCES HELD *To be completed by the Applicant*

Issuing Authority	Type/Class of Licence	Licence No.	Expiry Date

5. FLYING EXPERIENCE IN UFSM AND COURSE CERTIFICATE *To be completed by the Head of Training*

Details of flight training	Hours claimed	Qualifying Minima
Total experience undergoing flying training in UFSM conducted by a qualified flying instructor		20 hrs
Total experience of solo flight under supervision by a qualified flying instructor.		N/A
Total experience undergoing flight navigation training conducted by a qualified flying instructor		N/A
Operational Limitation: Training performed only in training areas designated by the DCA (ref. AIC C002/2018, Section B)		<input type="checkbox"/>
Without Operational Limitation: Training performed outside of the training areas designated by the DCA (ref. AIC C002/2018, Section B)		<input type="checkbox"/>
Removal of Operational Limitation		<input type="checkbox"/>

I certify that has completed a training course for the issue of Cyprus Ultralight Flying Sport Machines (UFSM) License or removal of Operational Limitation (as applied for Section 5 of this form) in accordance with Cyprus RAA 359/2014 and Organisation’s approved training manuals.

I also certify that the hours recorded above, the applicant’s flying log book and the entries there meet in full the flying experience requirements for the specific application.

The course started on and was completed on (dates).

UFSM Training Organisation: Certificate Number:

Name of HT: Date: Signature:

6. THEORETICAL EXAMINATIONS RECORD*To be completed by the Head of Training*

I certify that (name)..... has satisfactorily completed a course of theoretical elements training for the issue of a RAA 359/2014 UFSM License as applied in Section 6 below and that the training was performed in compliance with the provision of RAA 359/2014 and Organisation’s approved training manuals.

The above course included the following subjects:

- | | | | | |
|--------------------------------------|-------------------------|---------------------------------------|--|--------------------------|
| a. Civil aviation Legislation | b. Meteorology | c. General Technical Knowledge | d. Flight Engineering and Aerodynamics | e. Air Navigation |
| f. Rules of Air | g. Communication | h. Human Performance | i. Practical Knowledge Training for Aircraft and Engine Maintenance Practices | |

The course started on and was completed on (dates).

UFSM Training Organisation: Certificate Number:

Name of HT: Date: Signature:

7. ICAO ENGLISH LANGUAGE PROFICIENCY*To be completed by the Applicant*

Date	Level	Examiner’s Name / Certified Language Assessment Body	Reference Number

The above examinations were completed at(Test location)

8. DECLARATION*To be completed by the Applicant*

I declare that the information on this form is correct, and that:

- (a) Any incorrect information could disqualify me from being granted a personnel license, and
- (b) I have never held any personnel license in the same category issued in another Member State which was revoked or suspended in any other Member State.

I have submitted all of the necessary paperwork for my application to be considered.

Signature of Applicant Date

9. SUBMISSION INSTRUCTIONS*To be completed by the Applicant*

Send your completed application form to:

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

or by email to: eld@dca.mcw.gov.cy

To apply for the grant of an UFSM license the following additional information is required to be provided:

	Tick submitted documents	DCA Use only
Examiner's Skill Test Report form	<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) or a health card of the Cyprus Sports Organization.	<input type="checkbox"/>	
Evidence of identity. (Current passport, Birth Certificate or Cyprus Identity card);	<input type="checkbox"/>	
Actual flying logbooks, which must be certified at the last appropriate entry by the Head of Training;	<input type="checkbox"/>	
Solo Cross-country Certificate (if applicable)	<input type="checkbox"/>	
Copy of Language Proficiency Certificate (if applicable)	<input type="checkbox"/>	
EASA Part FCL Subject Communication Certificate for Operational Limitation Removal (if applicable)	<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:****Guidance for Certification of Original Documents**

The following people can act as 'certifiers':

- Head of Training

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

10. FOR DCA USE*(by Licensing Administrator)*

Enclosures/Remarks	Submission Date:	
Checked by:	Signed:	Date:

11. CHARGES*To be completed by the Applicant*

The charge(s) required should be paid in accordance with DCA Scheme of Charges.

Important Note: This application will not be processed until the applicable charges have been received.

*Cheque Bank Transfer Credit Card

*Cheques will be acceptable ONLY from Cyprus Banks. Cheques made payable to the Director of Civil Aviation.

CASH WILL NOT BE ACCEPTABLE

For Bank Transfers Only In Euro(€): Through TARGET 2

SWIFT CODE: CBCYCY2NACC
CENTRAL BANK OF CYPRUS
CY1395, NICOSIA

Please remit to the Central Bank of Cyprus (SWIFT CODE: **CBCYCY2NACC**) the amount of EUR (as per DCA Scheme of Charges) through TARGET 2 for the credit of the Government General Account,

IBAN No. /CY06 0010 0001 0000 0000 0600 1093 in favour of Cyprus Department of Civil Aviation with details of payment (e.g. Initial Issue of Flight Instructor Certificate)

Overseas Visits: If a Member or employee of the DCA is required to travel overseas in respect of this application you are advised to conduct DCA's Accounts Department. All expenses incurred in pursuance of the application by virtue of travelling overseas will be payable by the applicant on demand.

For further details on Fees and Charges and payment methods, pls contact:

+35722404143, 148 or 159