



DECLARATION FOR DECLARED TRAINING ORGANISATIONS AND CHANGE TO DECLARATION UNDER EASA AIRCREW REGULATION ANNEX VIII – PART - DTO

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. APPLICATION FOR

An initial declaration Notification of a change (*) – DTO Ref. number: _____

(*) in the case of changes, only those fields containing changes need to be completed

2. DECLARED TRAINING ORGANISATION PARTICULARS

Name:	Address:
Telephone Number:	
Fax Number:	
E-mail address	Post/Zip Code:
Internet website:	Country:
ATO status (e.g. Private or Limited Company or Private Concern):	
Details of Tenure of premises:	

3. PRINCIPLE PLACE OF BUSINESS

Main Training Site Address or Training Site Address where a change to the Organisation Declaration is to include a new site or to include additional courses to an existing site.

Registered Office Address: _____

Country: _____ Postcode: _____

Telephone: _____ Fax: _____

E-mail: _____

4. PERSONNEL

a. Responsible Representative

Title: _____ Forename: _____ Surname: _____
Address: _____

Postcode: _____
Telephone: _____ Mobile Telephone: _____
Email: _____
Position in company: _____

A photocopy of your valid passport or I.D. must accompany your application as proof of identification. Failure to supply proof of identification may result in a delay to the application processing time.

*In the case of a partnership, please complete details of all partners on a separate sheet (If applicable).

b. Head of Training

Title: _____ Forename: _____ Surname: _____
Address: _____

Postcode: _____
Telephone: _____ Mobile Telephone: _____
Email: _____
Position in company: _____

A photocopy of your valid passport or I.D. must accompany your application as proof of identification. Failure to supply proof of identification may result in a delay to the application processing time.

*In the case of a partnership, please complete details of all partners on a separate sheet (If applicable).

** If Debuty Head(s) of Training are employed, please complete details of all personnel on a separate sheet (If applicable).

c. Safety Representative

Title: _____ Forename: _____ Surname: _____
Address: _____

Postcode: _____
Telephone: _____ Mobile Telephone: _____
Email: _____
Position in company: _____

A photocopy of your valid passport or I.D. must accompany your application as proof of identification. Failure to supply proof of identification may result in a delay to the application processing time.

5. TRAINING PROGRAMMES SUBMITTED FOR APPROVAL:		
Course Name	Tick if required	Full Title of Training Program with docuent number and version date
Aeroplanes	<input type="checkbox"/>	
Light Aircraft Pilot Licence	<input type="checkbox"/>	
Light Aircraft Pilot Licence to Private Pilot Licence	<input type="checkbox"/>	
Private Pilot Licence	<input type="checkbox"/>	
Aerobatics Rating	<input type="checkbox"/>	
Class Ratings (A)*(SEP, TMG etc)	<input type="checkbox"/>	
Night Rating	<input type="checkbox"/>	
Towing Rating (Banners / Sailplanes / Both)	<input type="checkbox"/>	
Helicopters	<input type="checkbox"/>	
Light Aircraft Pilot Licence	<input type="checkbox"/>	
Light Aircraft Pilot Licence to Private Pilot Licence	<input type="checkbox"/>	
Private Pilot Licence	<input type="checkbox"/>	
Night Rating	<input type="checkbox"/>	
Type Ratings (H)	<input type="checkbox"/>	
Sailplanes	<input type="checkbox"/>	
Light Aircraft Pilot Licence	<input type="checkbox"/>	
Sailplane Pilot Licence	<input type="checkbox"/>	
Cloud Flying Rating	<input type="checkbox"/>	
TMG Extension	<input type="checkbox"/>	
Flight Instructions	<input type="checkbox"/>	
Flight Instructor Seminars	<input type="checkbox"/>	
Flight Examiner	<input type="checkbox"/>	
Flight Instructor Examiner	<input type="checkbox"/>	
Flight Examiner Seminars	<input type="checkbox"/>	
Flight Instructor Examiner Seminars	<input type="checkbox"/>	
Balloons	<input type="checkbox"/>	
Light Aircraft Pilot Licence (Balloons)	<input type="checkbox"/>	
Balloon Pilot Licence	<input type="checkbox"/>	
Tethered extension	<input type="checkbox"/>	
Class extension	<input type="checkbox"/>	
Night Rating	<input type="checkbox"/>	
Flight Instructor	<input type="checkbox"/>	
Flight Instructor Seminars	<input type="checkbox"/>	
Flight Examiner	<input type="checkbox"/>	
Flight Instructor Examiner	<input type="checkbox"/>	
Flight Examiner Seminars	<input type="checkbox"/>	
Flight Instructor Examiner Seminars	<input type="checkbox"/>	

Course Name	Tick if required	Full Title of Training Program with docuent number and version date
Aeroplane Class Ratings	<input type="checkbox"/>	
SEP (Land)	<input type="checkbox"/>	
SEP (Sea)	<input type="checkbox"/>	
TMG	<input type="checkbox"/>	
Helicopter Type Ratings	<input type="checkbox"/>	
Please specify type		
Balloons	<input type="checkbox"/>	
Class – Hot-air	<input type="checkbox"/>	
Class – Gas	<input type="checkbox"/>	
Group A – hot-air balloons with maximum envelope capacity of 3400m ³	<input type="checkbox"/>	
Group B – hot-air balloons with an envelope capacity between 3401m ³ and 6000m ³	<input type="checkbox"/>	
Group C – hot-air balloons with an envelope capacity between 6001m ³ and 10500m ³	<input type="checkbox"/>	
Group D – hot-air balloons with an envelope capacity of more than 10500m ³	<input type="checkbox"/>	

*Note 1: Training programmes must accompany every course requested.

6. TRAINING AIRCRAFT	
<ul style="list-style-type: none"> Where insufficient space to complete all training aircraft, please photocopy this page and complete, clearly annotating the number of pages 	
Type	Registration

7. SYNTHETIC FLIGHT TRAINING

- Where there is insufficient space to complete all Flight Simulation Training Devices, please continue on additional sheet if required.
- Please mark as N/A any items that do not apply to your application.

Course FSTD used on	Base	Manufacturer	Operator (where different to applicant)	Serial no./ Declaration no.	Level (i.e. FNPT 1, FNPT2, BITD or Simulator A, B, C, D)	Aircraft represented (FNPT only)

8. SUBCONTRACTED ACTIVITY

Nature of Activity	Name of Subcontractor	Site

9. APPLICATION FOR APPROVAL OF EXAMINER STANDARDISATION COURSES AND REFRESHER SEMINARS**(if applicable)**

- The DTO hereby applies for approval of the above-mentioned training programme(s) for examiner courses for sailplanes or balloons in accordance with points DTO.GEN.110(b) and DTO.GEN.230(c) of Annex VIII (Part-DTO) to Regulation (EU) No 1178/2011.

10. AERODROME PARTICULARS

- a) Name of Aerodrome and ICAO Designator (if applicable) _____

- b) Aerodrome address: _____

- Postcode: _____

11. ADDITIONAL TRAINING SITES

Continuation sheet for flight training courses, theoretical knowledge courses and but not Class / Type Rating courses.

- All Training Sites, should be audited for suitability in advance of any training by the applicant organisation, and the audit reports are to be made available at the time of any DCA audit or forwarded for review when requested by the nominated person.

Name of Aerodrome and ICAO designator (if applicable)	Full Name & Address of Training Site, Base or Location of Course (including Postcode and Telephone number)

12. DATE OF INTENDED COMMENCEMENT OF TRAINING

Date (dd/mm/yyyy): _____

13. DECLARATION (see FALSE REPRESENTATION STATEMENT of page 1)

The DTO has developed a safety policy in accordance with Annex VIII (Part-DTO) of Regulation (EU) No 1178/2011, and in particular with point DTO.GEN.210(a)(1)(ii) thereof, and will apply that policy during all training activities covered by the declaration.

The DTO complies and will, during all training activities covered by the declaration, continue to comply with the essential requirements set out in Annex III to Regulation (EC) No 216/2008 and with the requirements of Annex I (Part-FCL) and Annex VIII (Part-DTO) to Regulation (EU) No 1178/2011.

We confirm that all information contained in this declaration, including its annexes (if applicable), is complete and correct.

We enclose the charges payable on application in accordance with the Scheme of Fees & Charges.

Name of DTO Representative: Date:

Signature:

Name of DTO Head of Training: Date:

Signature:

14. 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 with your application of submission.

Applicable Fees and Charges are published at DCA official website

15. SUBMISSION INSTRUCTIONS

Send your completed application form to:
 Cyprus Department of Civil Aviation,
 Licensing Section,
 1049, Nicosia, Cyprus

	Tick submitted documents	DCA Use only
Confirmation of Legal Entity of the organisation, e.g. a copy of the company registration document for limited and public limited companies or confirmation of the Department of Registrar of Companies number	<input type="checkbox"/>	
Relevant application fees as detailed in the DCA Scheme of Charges	<input type="checkbox"/>	
Proof of permission to operate from relevant airfields	<input type="checkbox"/>	
Copies of FSTD qualification certificates and user approval certificate (if FSTDs are to be used).	<input type="checkbox"/>	
Training Programmes for each course requested	<input type="checkbox"/>	
Technical Log System (as per Airworthiness Section Instructions)	<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: The following people can act as 'certifiers for True Copies':

- Head of Training or Compliance Monitoring 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

16. DCA USE ONLY

Enclosures/Remarks <i>(by Licensing Administrator)</i>			
Checked by:	Signed:	Date:	
Remarks (by LI or LIO)			
Checked by:	Signed:	Date:	
DTO Ref. number	CY. DTO. _____	DCA Stamp	