## **DEPARTMENT OF CIVIL AVIATION**

## APPLICATION TO CHECK-FLY OWN AIRCRAFT

Name:						
Address:						
Tel ( Home ) Tel ( Work ):						
Email Address:						
Registration and type of aircraft for which permission is sought:						
Reg: Type:						
List total hours flown as PI in the type / types being applied for and also summarize briefly other flying						
experience.	T		1	1	_	
<u>Type</u>	Hrs 2 or 3 Axis	Hrs Flexwing	Hrs PPC	Hrs Hybid	Hrs non-microlight	
All alle an flaire						
All other flying						
Grand Totals:						
Summary of all Flying Experience						
		Total Hours P1 all Flying:		Total Hours all flying:		
Total Hours P1 Microlights:		Total Hours FT all Flyling.		Total Hours	Total Hours all lightly.	
I hold a valid licence No, rated for, and also a current				o a current medical		
, rated for, and also a sufferit medical.						
(Signed) (Name) (Da				(Date)		
Notes						
1. Permission to check fly ones own aircraft is only given in exceptional circumstances where access to						
an appropriately qualified check pilot is not reasonably available. It is not regarded as a right or						
privilege, and is not given as such. Pilots with this permission are still encouraged to obtain an						
independent check flight if at-all possible.						
2. When an owner carries out their own check flight, the completed form DCA / MLA/002 check flight						
schedule must accompany the permit renewal application.						
3. Before an aircraft is sold to a new owner, an independent check flight by another Cyprus DCA						
designated check pilot must be carried out.						
State reason(s) why this permission is required:						
Cyprus DCA Decision						
Date Received: Decision: Accepted / Rejected					ted / Rejected	
Conditions / comments:						
				_		
Permission valid unit:		0 50:	Signed:		Date:	
Cyprus DCA Office Action  Copy to Owner:						
Date Received: Copy on Check Pilot File:			Copy to Owner:			
DCA/MLA/005 Issue 1 ( Apr. 2003 )						