



REPUBLIC OF CYPRUS

DEPARTMENT OF CIVIL AVIATION

**APPLICATION FOR ASSESSMENT OF COMPETENCE (AoC) AND APPLICATION FOR
ISSUE/REVALIDATION/VARIATION/RENEWAL OF AN EXAMINER CERTIFICATE
IN ACCORDANCE WITH PART-FCL**

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.

Please complete on screen or printed and complete in BLOCK CAPITALS using black or dark blue ink

1. APPLICANT DETAILS				To be completed by the Applicant	
DCA Ref. No:	CY.FCL.				
Surname:			Forename(s):		
Date of Birth:		Nationality:		Country of Birth:	
Permanent Address:					
Telephone:			Mobile telephone:		
e-mail:					
Address for Correspondence (if different from above):					
2. MEDICAL FITNESS				To be completed by the Applicant	
State of Issue	Class of Medical Certificate held	Date of last Medical	DCA use only		
<p>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:</p> <p>My medical examination will take place (state place and date): <input type="text"/></p> <p>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. 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).</p>					
3. LOCATION AND TIMING DETAILS OF ASSESSMENT				To be completed by the Applicant	
Preferred date for assessment:		A/C Type/Simulator Type and Simulator Code (as applicable):			
Timings:		Location:			
4. APPLICATION DETAILS				To be completed by the Applicant	
FE:	LAPL	PPL/BPL/SPL	CPL	IRE:	FIE:
CRE:	SE	ME	SE & ME		
SFE:	TRE:	Specify Types:			
Aeroplane:	Helicopter:	Balloon:	Airship:	Sailplane:	
i) Initial examiner Certificate		iii) Renewal of examiner certificate			
ii) Revalidation of examiner certificate		iv) Extension of examiner privileges			
Additional details (as required):					

5. ASSESSMENT DETAILS		To be completed by the Applicant	
i) Is the assessment to be shadowed by a Senior Examiner applicant under training?	YES	NO	
ii) Is the assessment to be practise by a Senior Examiner applicant under training?	YES	NO	
iii) Is the assessment for an Initial Senior Examiner applicant assessment?	YES	NO	

6. REQUEST TO NOMINATE SENIOR EXAMINER DETAILS (if applicable)				To be completed by the Applicant	
Surname:		Forename:			
Nominated Senior Examiner:	DCA Reference Number:		Telephone Number:		
Email Address:					

7. RATINGS HELD							To be completed by the Applicant
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	

8. EXAMINER CERTIFICATES HELD			To be completed by the Applicant
Type / Privileges of Examiner Certificate	Certificate Expiry Date	Restrictions (e.g., Simulator only etc.)	

9a. FLYING EXPERIENCE (FE ONLY)						To be completed by the Applicant
(To be completed ONLY for initial issue or variation application only)						
	FE(A)	FE(H)	FE(As)	FE(B)	FE(S)	
Total flight time in relevant aircraft category (FCL.1005.FE)(BFCL.415 FE)(SFCL.415.FE)						
Total instructional flight time in relevant aircraft category (FCL. 1005.FE) (BFCL.415 FE) (SFCL. 415.FE)						
Number of instructional launches in sailplanes or powered sailplanes (SFCL.415.FE (a))						
Total flight instruction time in TMGs (FCL.1005.FE(a))(SFCL.415.FE)						

9b. FLYING EXPERIENCE (FIE / CRE / IRE)				To be completed by the Applicant
(To be completed ONLY for initial issue or variation application only)				
	FIE	CRE	IRE	
Total flight time as pilot (FCL.1010.FIE), (FCL.1010.CRE), (FCL.1010.IRE), (BFCL.415.FE), (SFCL.415.FE)				
Total flight time instructing applicants for an FI certificate (FCL.1010.FIE)(BFCL.415.FE)(SFCL.415.FE)				
Total flight time/take-offs instructing applicants for an instructor certificate in TMGs (SFCL.415.FE)				
Total number of launches instructing applicants for an instructor certificate in TMGs or Sailplanes (SFCL.415.FE)				
Flight time under IFR (FCL.1010.IRE(a)(2))				
Flight time under IFR as an instructor (FCL.1010.IRE(a)(2))				
Instrument flight time on helicopters (FCL.1010.IRE(b)(2))				
Instrument flight time on helicopters as an instructor (FCL.1010.IRE(b)(2))				
Instrument flight time in airships (FCL.1010.IRE(c)(2))				
Instrument flight time in airships as an instructor (FCL.1010.IRE(c)(2))				

9c. FLYING EXPERIENCE (TRE / SFE ONLY) To be completed by the Applicant

(To be completed ONLY for initial issue or variation application only)				
	TRE(A)	TRE(H)	SFE(A)	SFE(H)
Flight time as pilot of multi-pilot aeroplanes (FCL.1010.TRE(a)(1), FCL.1010.SFE(a)(1))				
Flight time as PIC of multi-pilot aeroplanes (FCL.1010.TRE(a)(1))				
Flight time as pilot of single pilot high performance aeroplanes (FCL.1010.TRE(a)(2), FCL.1010.SFE(a)(2))				
Flight time as PIC of single pilot high performance aeroplanes (FCL.1010.TRE(a)(2))				
Flight instruction on the applicable aeroplane type or FSTD representing that type (FCL.1010.TRE(a)(4), FCL.1010.SFE(a)(3))				
Flight time as pilot of helicopters (FCL.1010.TRE(b)(4)(i), FCL.1010.TRE(5)(i))				
Flight time as PIC of helicopters (FCL.1010.TRE(b)(4)(i), FCL.1010.TRE(5)(i))				
Flight time as pilot of multi-pilot helicopters (FCL.1010.TRE(b)(3))				
Flight time as PIC of multi-pilot helicopters (FCL.1010.TRE(b)(3))				
Flight instruction as TRI, FI or SFI in the applicable helicopter type or an FSTD representing that type (FCL.1010.TRE(b)(2), FCL.1010.SFE(b)(4))				

10. CONFIRMATION OF EXAMINER STANDARDISATION (for initial only) To be completed by the ATO

I certify that the applicant (as stated in section 1) has completed an approved examiner standardisation course in accordance with FCL.1015. The course comprised:

	hours instruction on the applicable requirements of Part-FCL, and;
	hours flight training including the conduct of two skill tests, proficiency checks or assessments of competence.
	hours flight training including the conduct of four skill tests, proficiency checks or assessments of competence.

Approved Training Organisation (ATO): Name: Approval No:

Competent authority issuing approval:

Name of Head of Training:

Signature (Head of Training): Date:

11. EXAMINER REVALIDATION To be completed by the Applicant

1. Confirmation of conducting at least six skill tests, proficiency checks or assessments of competence, before the expiry date of the certificate.	YES	NO
2. Date/Place of attendance at DCA Approved Examiner Refresher Seminar (must be in last year of certificate validity).		

12. EXAMINER RENEWAL To be completed by the Applicant

1. Date/Place of attendance at DCA Approved Examiner Refresher Seminar (must be in last year of certificate validity).	
--	--

13. EXAMINER CERTIFICATE EXTENSION TO FURTHER TYPE(S) To be completed by the Applicant

New type requested:

Number of test or check profiles conducted on the New Type:

14. EXAMINER APPLICANT'S DECLARATION To be completed by the Applicant

I declare that:

- I do not hold a Part-FCL Examiner Certificate issued in another Member State
- I have not applied for any Part-FCL Examiner Certificate in another Member State
- I have never held a Part-FCL Examiner Certificate issued in another Member State which was revoked or suspended
- I have not been subject to any sanctions, including the suspension, limitation or revocation of any of my licenses, ratings or certificates issued in accordance with the Part-FCL, for non-compliance with the Basic Regulation and its Implementing Rules during the last 3 years.
- I have submitted an official printout of criminal record file issued by the State of Residence (max. 3 months old)

Signature: Date:

15. DECLARATION OF APPLICANT	To be completed by the Applicant
-------------------------------------	---

DETAILS TO BE PUBLISHED

I understand that Cyprus DCA will publish details in accordance with Part ARA.FCL.205.
Please note your personal address details will not be published.

I hereby confirm my compliance with Part-FCL reference FCL.1010 & FCL. 1030 and declare that the information provided on this form is correct.

Signature:		Date:	
------------	--	-------	--

16. EXAMINER REVALIDATION	To be completed by DCA
----------------------------------	-------------------------------

i. Assessment may take place as programmed.	YES		NO	
ii. A DCA Licensing / Flight OPS Inspector will observe the assessment	YES		NO	
iii. A DCA Licensing / Flight OPS Inspector will conduct the assessment	YES		NO	

17. CHARGES

The charge(s) required will be calculated in accordance with DCA Scheme of Charges and to be paid after the completion of the check.

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

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.

18. REPORT OF EXAMINER ASSESSMENT OF COMPETENCE (EAoC)	To be completed by the DCA FOI or the SE authorised by DCA
---	---

Section A1: BRIEFING THE CANDIDATE (AMC1 FCL.1020 (d))

Item No:	Description	Pass	Fail	Comments
The 'candidate' should be given time and facilities to prepare for the test flight. The briefing should cover the following:				
1	the objective of the flight			
2	licensing checks, as necessary			
3	freedom for the 'candidate' to ask questions			
4	operating procedures to be followed (for example operators manual)			
5	weather assessment			
6	operating capacity of 'candidate' and examiner			
7	aims to be identified by 'candidate'			
8	simulated weather assumptions (for example icing and cloud base)			
9	use of screens (if applicable)			
10	contents of exercise to be performed			
11	agreed speed and handling parameters (for example V-speeds, bank angle, approach minima)			
12	use of R/T			
13	respective roles of 'candidate' and examiner (for example during emergency)			
14	administrative procedures (for example submission of flight plan)			

Section A2: CONDUCT OF TEST (AMC1 FCL.1020 (e))

Item No:	Description	Pass	Fail	Comments
The examiner applicant should maintain the necessary level of communication with the 'candidate'. The following check details should be followed by the examiner applicant:				
1	involvement of examiner in a MP operating environment			
2	the need to give the 'candidate' precise instructions			
3	responsibility for safe conduct of the flight			
4	intervention by examiner, when necessary			
5	use of screens			
6	liaison with ATC and the need for concise, easily understood intentions			
7	prompting the 'candidate' about required sequence of events (for example following a go-around)			
8	keeping brief, factual and unobtrusive notes			

Section A3: ASSESSMENT (AMC1 FCL.1020 (f))

Item No:	Description	Pass	Fail	Comments
The examiner applicant should refer to the flight test tolerances given in the relevant skill test. Attention should be paid to the following points:				
1	questions from the 'candidate'			
2	give results of the test and any sections failed			
3	give reasons for failure			

Section A4: DEBRIEFING (AMC1 FCL.1020 (g))

Item No:	Description	Pass	Fail	Comments
The examiner applicant should demonstrate to the inspector the ability to conduct a fair, unbiased debriefing of the 'candidate' based on identifiable factual items. A balance between friendliness and firmness should be evident. The following points should be discussed with the 'candidate', at the applicant's discretion:				
1	advise the candidate on how to avoid or correct mistakes			
2	mention any other points of criticism noted			
3	give any advice considered helpful			

Section A5: RECORDING OF DOCUMENTS (AMC1 FCL.1020 (h))

Item No:	Description	Pass	Fail	Comments
The examiner applicant should demonstrate to the inspector the ability to complete the relevant records correctly. These records may be:				
1	the relevant test or check form;			
2	licence entry			
3	notification of failure form			
4	relevant company forms where the examiner has privileges of conducting operator proficiency checks			

Section A6: DEMONSTRATION OF THEORETICAL KNOWLEDGE (AMC1 FCL.1020 (i))									
Item No:	Description				Pass	Fail	Comments		
1	The examiner applicant should demonstrate to the inspector a satisfactory knowledge of the regulatory requirements associated with the function of an examiner								
Section B: DETAILS OF TEST / TRAINING CONTENT (to include route and approach aids used)									
Section C: ASSESSMENT NARRATIVE (to include details of Sections A1-A6)									
Section D: NOTIFICATION OF COMPLETION OF ASSESSMENT OF COMPETENCE									
Aircraft Reg. or FSTD ID No:				Location:					
Time OFF Blocks:		Time ON Blocks:		TOTAL Time:					
Candidate(s) Observed under Test / Check			Name(s)			Licence Number(s)			
i.	PF		PM						
ii.	PF		PM						
Specify type of Test / Check Conducted by Examiner Applicant:				LST		LPC		OPC	AoC
Section E: RESULT (if result is fail, complete section F)									
PASS		FAIL							
Examiner Competencies		Briefing	Simulator / Aircraft Operation	Instruction	Assessment	Debriefing	Regulation (Theoretical Knowledge)		
Section F: REASONS FOR FAILURE AND TRAINING RECOMMENDATION (if any)									
Reasons for failure:									
Training Recommendation:									
Section G: RESULTS ACKNOWLEDGEMENT									
I acknowledge the results of the EAoC, detailed above:									
Applicant Signature:				Date:					
Section H: FOI / SE DECLARATION									
I confirm that the EAoC to which this reports relates was conducted in compliance with the requirements of Part-FCL of Commission Regulation (EU) 1178/2011 as applicable.									
Name:			Signature:			Date:			

19. SUBMISSION INSTRUCTIONS

Send your completed application form to:
Department of Civil Aviation, Licensing Section, 27 Pindarou Street, 1060, Nicosia, Cyprus

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

	Tick submitted documents	DCA Use only
a. Copy of valid EASA Part-FCL license		
b. Submission of at least 6 skill tests or proficiency checks or AoCs		
c. Copy of a valid EASA Part-MED Class 1 Medical Certificate		
d. Evidence of identity. (Current passport or Cyprus Identity card)		
e. Copy of flying logbooks, certified by the ATO Head of Training (only for Initial or Variation)		
f. Copy of Standardisation Course Certificate (if applicable)		
g. Official printout of criminal record file issued by the State of Residence (max. 3 months old)		
h. Payment Form		

Please note that failure to submit all of the required documentation may lead to a delay in the processing of your application.

All copies should be certified as “True Copies”

Note: Guidance for Certification of Original Documents

The following people can act as 'certifiers':

- Head of Training or Compliance 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

20. GUIDANCE NOTES

1. This form must be completed by all applicants for:
 - Initial issue of Examiner's Certificate
 - Revalidation or Renewal of Examiner's Certificate

Submission Instructions PRIOR the conduct of Examiner's Assessment of Competence

2. All applicants must complete Sections 1 – 15 (as applicable), except of Section 10 which is to be completed by the ATO.
3. After completion, the form should be submitted to DCA as per Section 19 – Submission Instructions.
4. The Department, after reviewing the form will communicate with the applicant via email, for comments/approval
5. Application should be submitted at least 30 days before the requested date for the EAoC, for sufficient programming in the case that Department's Inspector will conduct or observe the EAoC.
6. No EAoC is to be conducted prior Department's consent.

Submission Instructions AFTER the conduct of Examiner's Assessment of Competence

7. After completion of Section 18 by the Applicant and Examiner, the Applicant should re-submit the form to DCA as per Section 19 – Submission Instructions, with documents (a) & (c) ONLY.