



**REPUBLIC OF CYPRUS
DEPARTMENT OF CIVIL AVIATION**



Licensing

FOR OFFICIAL USE

Date of receipt:

**APPLICATION FOR REVALIDATION BY EXPERIENCE OF SEP/TMG CLASS RATINGS
(AEROPLANES) - THROUGH DCA**

Please complete the form 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

Cyprus DCA Ref. Number:

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Surname:	Forename(s):
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Date of Birth:	Nationality:
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Town of Birth:	Country of Birth:
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Permanent Address:

Telephone:	Mobile telephone:
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e-mail:

Address for Correspondence (if different from above):

3. 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 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).

4. APPLICATION

I am applying for the Revalidation by experience for Single Engine Piston* and/or Touring Motor Gliders* only
 (*delete if not applicable)

As per FCL.740.A (b) (10 (ii), within the 12 months preceding the expiry date of the rating:

	Minimum experience i.a.w.Part- FCL	Applicant's Experience	DCA Use Only
Total Flight Times	12 hrs		
Total Flight Time as PIC	6 hrs		
Take –off	12		
Landings	12		
Training Flight with a Flight Instructor	1 hr		

5. DECLARATION OF APPLICANT

- a. I declare that the information provided on this form is correct.
- b. I have submitted all of the necessary paperwork for my application to be considered.

Signature: Date:

6. PAYMENT METHOD

Please complete and submit form LIC/ACC/01 as per instruction.

7. SUBMISSION INSTRUCTIONS

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

Together with:

	Tick submitted documents	DCA Use only
<i>Original of License Document</i>	<input type="checkbox"/>	
<i>Original or Certified True Copies of flying log book, with flying experience certified by the Head of Training of ATO/RF where this experience was gained.</i>	<input type="checkbox"/>	
<i>Original or Certified True Copy of valid Medical Certificate</i>	<input type="checkbox"/>	
<i>Payment receipt</i>	<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.

If you are unable to find the information you require please contact our Licensing team on +35722404126/+35722404128 or email at eld@dca.mcw.gov.cy

8. DCA USE ONLY

Enclosures/Remarks			
Checked by:		Signed:	