



REPUBLIC OF CYPRUS
DEPARTMENT OF CIVIL AVIATION



Licensing

FOR OFFICIAL USE

Date of receipt:

Aeroplanes – Notification of Revalidation of a Single Engine Piston (SEP) and/or Touring Motor Glider (TMG) only by Experience in accordance with Part-FCL

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 LIC. Number:

Name:

Surname:

Date of Birth:

Nationality:

Town of Birth:

Country of Birth:

Permanent Address:

Mobile Telephone:

E-mail:

Address for Correspondence (if different from above):

2. NOTIFICATION OF REVALIDATION (tick as appropriate)

I am notifying DCA of the Revalidation by Experience of: SEP (Land) SEP (sea) TMG

3. CONFIRMATION OF FLIGHT EXPERIENCE

I certify that I have examined the applicants logbook(s) and have found the entries therein in full compliance to the requirements of revalidation by experience as per FCL.740.A (b) (i) (ii).

Total Flight Time in preceding 12 months: Hours.

Flight Time as PIC in preceding 12 months: Hours.

Date(s) of Training Flight with instructor:

I have endorsed the rating on the Certificate of Revalidation and the new expiry date is:

Examiner's / Instructor's Name:

Examiner's/ Instructor's Number:

Examiner's / Instructors's Signature:

Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

4. DECLARATION OF APPLICANT

- a. I declare that the information provided on this form is correct and
 b. I have submitted all the necessary paperwork as per submission instructions.

Signature: Date:

5. SUBMISSION INSTRUCTIONS

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

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

Together with:

	Tick submitted documents	DCA Use only
<i>Copy of Applicant's Flight Crew License Document (both pages)</i>	<input type="checkbox"/>	
<i>Copy of Applicant's valid Medical Certificate</i>		
<i>Copy of flying log book, with flying experience certified by the Head of Training or Examiner certifying the revalidation</i>	<input type="checkbox"/>	
<i>Copy of Examiner's/ Instructor's Flight Crew License Document (both pages)</i>	<input checked="" type="checkbox"/>	
<i>Copy of Examiner's Certificate</i>		
<i>Copy of Examiner's/ Instructor's valid Medical Certificate</i>		

GUIDANCE NOTE 1:

Please note the following important information for all applications.

This form is to notify revalidation by experience only for the SEP (Land), SEP (Sea) and TMG in circumstances where the Examiner/Instructor has endorsed the Certificate of Revalidation. If you require DCA to endorse your Certificate of Revalidation, then please complete LIC-011 and pay the appropriate fee as per the Scheme of Charges.

GUIDANCE NOTE 2:

Where copies are provided these should be certified as "True Copies".

The following people can act as 'certifiers':

- Head of Training of ATO/DTO or Compliance Manager of ATO or an Examiner.

Instructions for the certifier of the original documents:

- 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'.
- Insert signature and date.
- Certifier's name must be printed in block capitals.
- Must include position or capacity, e.g. Head of Training

6. DCA USE ONLY

Enclosures/Remarks		
Checked by:		Signed: