



### APPLICATION FOR THE INCLUSION/EXTENSION AND RENEWAL OF MOUNTAIN RATINGS IN PART-FCL LICENSE

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.

<b>1. APPLICANT DETAILS</b>	
Cyprus DCA Personal ref. number: CY.FCL.	
Surname:	Forename(s):
Date of Birth:	Nationality:
Town of Birth:	Country of Birth:
Permanent Address:	
Telephone:	Mobile telephone:
e-mail:	
Address for Correspondence (if different from above):	

<b>2. MEDICAL FITNESS</b>			
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).



**6. COURSE COMPLETION CERTIFICATE (To be used if ATO/DTO does not issue a Certificate)**  
**To be completed by the Approved/Declared Training Organisation conducting the training**

I certify that (name) ..... has satisfactory completed an approved course of training for the issue  or renewal  or extension of privileges  of a (please specify course):  
 .....

I further certify that I have examined the applicants flying log(s) and the entries in them meet in full the pre-course and flying experience requirements for the issue of the above Additional Rating in accordance with Part-FCL.

Date training commenced: ..... Date Training completed: .....

Number of Aircraft training hours completed on course: ..... hours

Aircraft Type or Class and Registration used: ..... Number of take-offs and landing or launches: .....

Number of theoretical training hours completed on course:..... hours

Recommended for Skill Test by (name): ..... Licence No.: ..... (if applicable)

Approved/Declared Training Organisation (ATO/DTO): ..... ATO/DTO Approval No.:.....

Competent Authority issuing approval: .....

Name of Head of Training: .....

---

Signature (Head of Training): ..... Date: .....

**7. CONFIRMATION OF SKILLS TEST** **To be completed by the Applicant**

I have completed a Skill Test  or Proficiency Check  for the issue  or Renewal  or extension of privileges  of a Mountain Rating.

Skill Test Pass Date: ..... Aircraft Type and Registration .....

Name of Examiner: ..... Examiners Authorisation Number: .....

**Note: Applicants are advised that the licence will not be issued until the corresponding Examiner's Report Form is received.**

**8. CHARGES** **To be completed by DCA**

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.

**9. DECLARATION OF APPLICANT**

I DECLARE that the information given on this form is correct and I submitted all of the necessary paperwork for my application to be considered.

Applicant's Signature: ..... Date: .....

**10. SUBMISSION INSTRUCTIONS**

Send your completed application form to:  
 Department of Civil Aviation,  
 Licensing Section,  
 27 Pindarou Street,  
 1060 Nicosia, Cyprus  
 or by email to: [eld@dca.mcw.gov.cy](mailto:eld@dca.mcw.gov.cy)  
 The following additional information is required to be provided:

	Tick submitted documents	DCA Use only
Certified copy of the applicants EASA Part FCL licence	<input type="checkbox"/>	
Copy of a valid Medical Certificate issued in accordance with Part-MED (Validity date must be sufficient to cover the anticipated license issue date);	<input type="checkbox"/>	
Originals of all non-EASA licences. Photocopies are not acceptable	<input type="checkbox"/>	
Original pilots flying logs	<input type="checkbox"/>	
Copy of the mountain Rating Skill Test Proficiency Check Report form	<input type="checkbox"/>	
Additionally, if Examiner or ATO/DTO is not approved by Cyprus DCA		
Copy of Part-ORA Approved Training Organisation approval certificate; or DTO Declaration acceptance	<input type="checkbox"/>	
Copy of Examiner's approval certificate, licence and Medical Certificate	<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](mailto:eld@dca.mcw.gov.cy)

Note: where copies are provided these should be certified as "True Copies".  
 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:  
 i. 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'.  
 ii. Insert signature and date.  
 iii. Certifier's name must be printed in block capitals.  
 iv. Must include position or capacity, e.g. Head of Training

**11. FOR DCA USE** *(by Licensing Administrator)*

Enclosures/Remarks	Submission Date:	
Checked by:	Signed:	Date: