



APPLICATION FORM FOR A LIGHT AIRCRAFT PILOT LICENCE (AEROPLANE) OR PRIVATE PILOT LICENCE (AEROPLANE)

This form can be filled in on screen (preferred method) then printed, signed and submitted as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.

Please read the attached Guidance Notes before completing this form.

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	
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):	

2. APPLICATION (tick as appropriate)	
I am applying for aeroplanes:	
PPL <input type="checkbox"/>	LAPL <input type="checkbox"/>
PPL Aeroplane:	
Single-Engine Piston (Land) <input type="checkbox"/>	Single-Engine Piston (Sea) <input type="checkbox"/> TMG <input type="checkbox"/>
Multi-Engine Piston (Land) <input type="checkbox"/>	Multi-Engine Piston (Sea) <input type="checkbox"/>
LAPL Aeroplane:	
Single-Engine Piston (Land) <input type="checkbox"/>	TMG <input type="checkbox"/>

3. MEDICAL FITNESS			
State of Issue	Class of Medical Certificate held	Date of last Medical	DCA Use Only
<p><u>Note:</u> 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 at:..... on:.....</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>			

4. PARTICULARS OF EASA / NON-EASA LICENCES HELD			
Issuing Authority	Type/Class of Licence	Licence No.	Expiry Date

5. RATINGS HELD						
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

6a. FLYING EXPERIENCE – PPL AEROPLANE (as per Part FCL.210.A PPL(A) –ONLY for SEP)			
Type of Flight Time	Hours Claimed	Qualifying Hours	DCA Use Only
Supervised Solo		(at least) 10	
Solo Cross-country (included in the above)		(at least) 5	
Date of solo cross-country flight no less than 270km (150nm) during which full stop landings were made at aerodromes different from the aerodrome of departure have been made	Date:		
Dual Instruction		(at least) 25	
Credit for PIC experience in aircraft (if applicable)		10 (max)	
Experience in FSTD (Identification No. of FTD 2/3, FNPT I/II/III or flight simulator used, which is printed on the Qualification Certificate issued in accordance with Commission Regulation (EU) 1178/2011) (if applicable)	No.	5 (max)	
Total Hours		(at least) 45	

6b. FLYING EXPERIENCE – LAPL AEROPLANE (as per Part FCL.110.A LAPL(A))			
Type of Flight Time	Hours Claimed	Qualifying Hours	DCA Use Only
Supervised Solo		(at least) 6	
Solo Cross-country (included in the above)		(at least) 3	
Date of solo cross-country flight no less than 150km (80nm) during which full stop landings were made at aerodromes different from the aerodrome of departure have been made	Date:		
Dual Instruction		(at least) 15	
Date of pre-entry flight test (if applicable) Credit for PIC experience in aircraft after ATO assessment (if applicable)	Date: Hrs:		
Total Hours		(at least) 30	

7a. CONFIRMATION OF THEORETICAL TRAINING BY ATO	
I certify that (name)..... has satisfactorily completed a course of training for the grant of a Part-FCL License as applied in Section 2 above and that the training was performed in compliance with the provision of Part-FCL and the approved training manuals.	
Approved Training Organisation (ATO):ATO Approval No.	
Competent Authority issuing Approval:ATO Stamp	
Name of Head of Training:	
Signature of Head of Training:	Date:
PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1	

7b. CONFIRMATION OF FLIGHT TRAINING BY ATO	
I certify that I have examined the applicant's flying log book and the entries therein meet in full the flying experience requirements for the grant of a Part-FCL License as applied in Section 2 above and that the training was performed in compliance with the provision of Part-FCL and the approved training manuals.	
Approved Training Organisation (ATO):ATO Approval No.	
Competent Authority issuing Approval:ATO Stamp	
Name of Head of Training:	
Signature of Head of Training:	Date:
PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1	

8. THEORETICAL KNOWLEDGE EXAMINATIONS

Subject	Date	Subject	Date
Air Law		Operational Procedures	
Human Performance		Flight Performance & Planning	
Meteorology		Aircraft General Knowledge	
Communications		Navigation	
Principles of Flight			

Note (as per Part FCL.025):

- Validity period 24 months counted from the day when the applicant successfully completes the above examinations.
- The examinations should be completed within a period of 18 months counted from the end of the calendar month when the applicant first attempted an examination.
- Applicants shall take the entire set of examinations for a specific license under the responsibility of one Member State.

9. ICAO ENGLISH LANGUAGE PROFICIENCY

Date	Level	Examiner's Name / Certified Language Assessment Body	Reference Number

The above examinations were completed at(Test location)

10. DECLARATION (see guidance note)

I declare that the information on this form is correct, and that:

- (a) Any incorrect information could disqualify me from being granted a personnel license,
- (b) I'm not holding any personnel license in the same category issued in another Member State,
- (c) I have not applied for any personnel license in the same category in another Member State, and
- (d) I have never held any personnel license in the same category issued in another Member State which was revoked or suspended in any other Member State.

I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.

Signature of Applicant Date

11. PAYMENT METHOD

Please complete and submit form LIC/ACC/01 as per the attached Guidance Notes.

12. SUBMISSION INSTRUCTIONS		
Send your completed application form to:		
Department of Civil Aviation, Licensing Section, 27 Pindarou Street, 1060 Nicosia, Cyprus		
To apply for the grant of a LAPL(A) or PPL(A) the following additional information is required to be provided:		
	Tick submitted documents	DCA Use only
Examiner's Report form	<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"/>	
Evidence of identity. (Current passport, Birth Certificate or Cyprus Identity card);	<input type="checkbox"/>	
Actual flying logbooks, which must be certified at the last appropriate entry by the Head of Training /CFI;	<input type="checkbox"/>	
Originals of all non-EASA licences. Photocopies are not acceptable	<input type="checkbox"/>	
Solo Cross-country Certificate (Form LIC-033)	<input type="checkbox"/>	
Copy of Theoretical Knowledge Examination Certificates	<input type="checkbox"/>	
Copy of Language Proficiency Certificate	<input type="checkbox"/>	
Additionally, if training and/or testing has taken place outside of Cyprus:		
Copy of Part-ORA Approved Training Organisation approval 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.		
Note: where copies are provided these should be certified as "True Copies" as per Section B of Guidance Notes.		

13. DCA USE ONLY		
Enclosures/Remarks <i>(by Licensing Administrator)</i>		
Checked by:	Signed:	Date:

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OR PRIVATE PILOT LICENCE (AEROPLANE)**

GUIDANCE NOTES

A. General Guidance

In order for the Licensing Section to process your license application as quickly as possible, it is important that you complete the application form correctly and submit all the required supporting documentation.

Please work your way through the guidance note and ensure that you read and fully digest the information applicable to your application.

This document will give guidance on:

1. Where to apply for your license
2. How to contact us if you have a query
3. Supporting documentation required with the application
4. How to complete each section of the application form

Note: Having a clear application form and logbook (where appropriate) will enable the Licensing Section to issue license and ratings more efficiently, with less risk of errors or rejections with subsequent delays to your application.

B. Guidance for Certification of Original Documents

The following people can act as 'certifiers':

- Head of Training or Quality 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

C. How to complete each section of the application form

General

All applicants are strongly advised to read European Commission Regulation (EU) No. 1178/2011 as amended, which describes in detail the requirements for the grant of a PART FCL Private Pilot License (Aeroplane) and any relevant Aeronautical Information Circulars before completing this form.

Section 1 – Personal Details

The permanent address is the one that will appear on your license. If you wish the license returned to an alternative address please complete the correspondence address.

Section 2 – Application

Please indicate the class/rating you are applying for.

Section 3 - Medical Fitness

Please enter details of your current PART Class 1 or 2 medical. Initial Medical Certificate must be issued either by an AMC or AME (only for class 2) authorised by DCA.

Section 4 - Details of any EASA / NON-EASA Licenses held

Please indicate the licenses you hold if applicable.

Section 6 - Flying Experience

- The original flying log books should be certified by the head of Training of ATO where flying training was completed.
- A cross Country Report should be submitted. In case the training was carried out under Cyprus ATO responsibility, then form *LIC 033* should be submitted. If carried out in other non- Cyprus Part FCL approved ATO, then an equivalent certificate must be obtained and submitted.

Section 8 – Theoretical Knowledge Examinations

If theoretical knowledge examinations were not taken at DCA, but in another EASA Member state Authority or EASA Part FCL approved ATO then all examination certificates (originals or certified as “True Copy”) must be submitted.

Section 9 - ICAO English Language Proficiency

Certificate of Language Proficiency in English ICAO has published a Standard that requires flight crew of aircraft using radiotelephony to be proficient in the language used for communication. All pilots must obtain an assessment of their English Language Proficiency to at least Level 4. This Standard became obligatory from 05 March 2008.

Where an applicant uses English fluently in their communication, they may be assessed ICAO Level 6 (Expert). English Language Proficiency assessments can be taken at the centres listed in Aeronautical Information Circulars.

Section 10 – Declaration of Applicant

This section must be completed after reviewing all information entered on the application form.

Section 11 – Payment Methods

Payment may either be in cash at the Account Section of DCA or by a Cheque payable to the Director of the DCA. Please enclose copy of receipt form LIC/ACC/01 with your application of submission.

Applicable Fees and Charges are published at DCA official website.

Section 12 – Submission Instructions

Where to apply for your license/rating

By Post

As detailed in Section 12 Submission instructions of application form.

Public Counter

The DCA offices hours are open to the public from 0800 to 1430 Monday to Friday.

How to contact us if you have a query

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