



FOR OFFICIAL USE
Date of receipt:

APPLICATION FORM FOR PROFESSIONAL LICENSE/INSTRUMENT RATING -AEROPLANES

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, license, 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. 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 license issue date. If your medical certificate is due to expire within 14 days after the date of application for license issue, please complete the following:

My medical examination will take place at:..... on:.....

- A license will not be issued to any person unless their medical records supporting their Part-MED medical certificate

3. PARTICULARS OF NON-EASA LICENSES HELD			
Issuing Authority	Type/Class of License	License No.	Expiry Date

4. 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 license						
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 License Number and Name	DCA Use Only

5. APPLICATION (tick as appropriate)	
I am applying for the following aeroplane license and/or instrument rating:	
CPL <input type="checkbox"/>	CPL/IR <input type="checkbox"/> ATPL <input type="checkbox"/>
Aeroplane class/type rating (please specify):	
Type of course(s) completed (if any):	
Modular CPL <input type="checkbox"/>	Modular IR <input type="checkbox"/>
Integrated CPL <input type="checkbox"/>	Integrated CPL/IR <input type="checkbox"/>
Integrated ATP <input type="checkbox"/>	
Conversions (if applicable):	
ICAO CPL to CPL <input type="checkbox"/>	ICAO CPL/IR to CPL/IR <input type="checkbox"/>
ICAO ATP to ATP & IR <input type="checkbox"/>	

6. FLYING EXPERIENCE					
Type of Flight Time		Hours Claimed on Course	Total Hours Claimed	DCA Use Only	
A Total Experience as Pilot	As pilot in command (PIC)				
	As student pilot-in-command (SPIC)				
	As pilot-in-command under supervision (PICUS)				
	Dual instruction				
	As Co-pilot (P2)				
	Other hours credited (if applicable)				
	Section A Total Hours				
B Cross-country and Overseas Flying	As pilot in command (PIC)				
	As student pilot-in-command (SPIC)				
	As pilot-in-command under supervision (PICUS)				
	Dual instruction				
	As Co-pilot (P2)				
	Section B Total Hours				
C Night Flying	Date of 300nm flight (aeroplanes) (dd/mm/yyyy)				
	As pilot-in-command (PIC)				
	As pilot-in-command under supervision (PICUS)				
	Dual instruction				
	Dual cross-country				
	As Co-pilot (P2)				
	Section C Total Hours				
D Instrument Flying	Dual instruction (in flight)				
	As student pilot-in-command (SPIC)				
	Instrument Ground Time	FTD 2/3 or FNPT I			
		FNPT II/III			
		FSS			
	Flying Time (PIC/Co-pilot/PICUS)				
	MCC Training (as part of course)				
	Section D Total Hours				
E Multi-pilot Aircraft Experience	As pilot-in-command (PIC)				
	As pilot-in-command under supervision (PICUS)				
	Dual instruction				
	As co-pilot (P2)				
	Section E Total Hours				
DCA Use Only:					

7. CONFIRMATION OF THEORETICAL KNOWLEDGE COURSE COMPLETION

Confirmation of theoretical knowledge training course completed (aeroplanes)

CPL

IR

ATP

Theoretical knowledge training completed on course: Hours

Competent authority under which the examinations were taken:.....

Note: A certified copy of the examination results must be provided with the application. If the training and examinations were taken with an ATO not subject to Cyprus DCA approval, a certified copy of the ATO approval certificate must also be provided.

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

Competent authority issuing approval:

Name of Head of Training:

Signature (Head of Training): Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

8. DETAILS OF CPL MODULAR COURSE OR ABRIDGED MODULAR COURSE (ICAO CPL or QMP)

I certify that (name)..... has satisfactorily met the pre-requisite requirements in accordance with Part-FCL prior to commencing a course of training and has satisfactorily completed a course of training for the grant of a Commercial Pilot License. I further certify that I have examined the applicant's flying log and that the entries therein comply with the requirements for the grant of a Commercial Pilot Licence in accordance with Part-FCL

Date CPL course started: Date CPL course completed:

The course comprised:

..... Hours dual flight instruction of which

..... Hours dual flight instruction in accordance with Appendix 3, Section E, Paragraph 11 of Part-FCL

..... Hours dual flight instruction at night (if applicable)

..... Hours instrument instruction

..... Hours of MEP asymmetric flight instruction (if applicable)

Simulator Experience (if applicable):

..... Hours instrument ground time in a FTD 2/3 or FNPT I FNPT II/III Flight Simulator

FSTD Identification No. of device used (which must be qualified and approved in accordance with Regulation (EU)

1178/2011, as amended:

Competent authority issuing qualification certificate for the FSTD:

Recommended for skill test by (name):Licence No.:

Approved Training Organisation (ATO):ATO approval No.:

Competent authority issuing approval:

Name of Head of Training:

Signature (Head of Training): Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

9. DETAILS OF IR MODULAR COURSE OR ABRIDGED MODULAR COURSE (ICAO IR)

I certify that (name)..... has satisfactorily met the pre-requisite requirements in accordance with Part-FCL prior to commencing a course of training and has satisfactorily completed a course of training for the grant of an Instrument Rating. I further certify that I have examined the applicant's flying log and that the entries therein comply with the requirements for the grant of an Instrument Rating in accordance with Part-FCL

Date IR course started: Date IR course completed:

The course comprised:

..... Hours dual instrument flight instruction in a single engine aeroplane

..... Hours dual instrument flight instruction in a multi engine aeroplane

..... Hours dual flight instruction at night (if applicable)

..... Hours instrument instruction

..... Hours of MEP asymmetric flight instruction (if applicable)

Simulator Experience (if applicable):

..... Hours instrument ground time in a FTD 2/3 or FNPT I FNPT II/III Flight Simulator

FSTD Identification No. of device used (which must be qualified and approved in accordance with Regulation (EU)

1178/2011, as amended:

Competent authority issuing qualification certificate for the FSTD:

Recommended for skill test by (name): Licence No.:

Approved Training Organisation (ATO): ATO approval No.:

Competent authority issuing approval:

Name of Head of Training:

Signature (Head of Training): Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

10. INTEGRATED COURSES

I certify that (name) has satisfactorily completed a course of training for the grant of a Commercial Pilot License with without Instrument Rating and the training is detailed in Section 7. I further certify that I have examined the applicant's flying log and that the entries therein comply with the requirements for the grant of a Commercial Pilot License with without Instrument Rating in accordance with Part-FCL

Date course started: Date course completed:

Approved Training Organisation (ATO): ATO approval No.:

Competent authority issuing approval:

Name of Head of Training:

Signature (Head of Training): Date:

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11. LANGUAGE PROFICIENCY						
Language	Date	Level	Pass		Examiner's Name & Signature	Reference Number
			Yes	<input type="checkbox"/>		
			No	<input type="checkbox"/>		
The above examinations were completed at:(Test location)						

12. CONFIRMATION OF SKILL TEST	
I certify that (name) has satisfactorily completed a:	
CPL(A) Skill Test: Pass Date:	IR(A) Skill Test: Pass Date:
Multi-pilot ATPL(A) Skill Test: Pass Date:	
I further certify that I have examined the applicant's flying log and the entries therein meet in full the flying experience requirements for the grant of a licence in accordance with Part-FCL:	
Examiner's Name: Examiner's Number. ;	
Authorising Competent Authority:Date of Examiner's Briefing (if applicable):	
Signature (Examiner):	Date:

Note: Examiners are reminded that they must complete the Examiner's Report Form and submit this to the Licensing Department within 14 working days from the skill test
Applicants are advised that the license will not be issued until the corresponding Examiner's Report Form is received

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

13. DECLARATION OF APPLICANT	
I DECLARE that the information given on this form is correct. I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.	
Applicant's Signature:	Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

GUIDANCE NOTE 1

This form is to be used to apply for the initial issue of a license, including an Instrument Rating. To apply for the addition of an Instrument Rating to an existing Part-FCL license, please use Form LIC-04.

14. SUBMISSION INSTRUCTIONS		
<p>Send your completed application form to:</p> <p>Department of Civil Aviation, Licensing Section, 27 Pindarou Street, 1060 Nicosia, Cyprus</p> <p>The following additional information is required to be provided:</p>		
	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 National, JAR-FCL and other non-EASA licenses. Photocopies are not acceptable	<input type="checkbox"/>	
Copy of theoretical knowledge examination results./Course completion	<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"/>	
Copy of Examiner's approval certificate and licence	<input type="checkbox"/>	
Additionally if applying for an ATP(A)		
Letter from operating company confirming PICUS hours in multi-pilot operations	<input type="checkbox"/>	
<p>Please note that failure to submit all of the required documentation may lead to a delay in the processing of your application.</p>		
<p>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</p>		
<p><u>Note</u>: where copies are provided these should be certified as "True Copies". The following people can act as 'certifiers':</p> <ul style="list-style-type: none"> • Head of Training or Compliance Manager of Approved Training Organisation. <p>Instructions for the certifier of your original documents are as follows:</p> <ol style="list-style-type: none"> 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 		

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