



**REPUBLIC OF CYPRUS
DEPARTMENT OF CIVIL AVIATION**



Licensing

FOR OFFICIAL USE

Date of receipt:

APPLICATION FORM FOR THE INCLUSION OF AN INSTRUMENT RATING IN A PART-FCL LICENSE (AEROPLANES, HELICOPTERS & AIRSHIPS)

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 are held by an Aeromedical Centre located in Cyprus. European Commission Regulation (EU) No.1178/2011 as amended, requires that an individual has all of their licenses administered by the National Aviation Authority that holds their medical records (Part-MED.A.030 and Part-FCL.015).

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:

Instrument (A)
 IR (A) SE ME Multi-Pilot Multi-Engine Aeroplane (please specify type)

Instrument (H)
 IR (H) SE ME SP MP Helicopter (please specify type)

Instrument (As)
 Airship (please specify type)

6. PARTICULARS OF INSTRUMENT RATING & COURSE COMPLETED	To be completed by the Applicant
Instrument Rating:	
I have completed a full approved course of training for the Instrument Rating	<input type="checkbox"/>
I have completed a reduced approved course of training for the Instrument Rating*	<input type="checkbox"/>
I have completed a Competency Based Instrument Rating (CB IR) approved course	<input type="checkbox"/>
I am applying for CB IR on the basis of a valid ICAO Instrument Rating with at least 50 hours of flight time under IFR as PIC on aeroplanes and demonstrated to the examiner during the skills test an adequate level of Theoretical Knowledge	<input type="checkbox"/>
I am applying for CB IR on the basis of a valid ICAO Instrument Rating with at least 50 hours of flight time under IFR as PIC on aeroplanes and have valid Theoretical knowledge exams	<input type="checkbox"/>
*The reduced course is based on holding of the following:	
<ul style="list-style-type: none"> • Part-FCL CPL Certificate held in the same category as applied for: 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Part-FCL pilot's licence with Instrument Rating in different category than applied for: 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Valid third country ICAO pilot's licence with Instrument Rating in the same category as applied for: 	<input type="checkbox"/>

7. FLYING EXPERIENCE						
		Total Hours			Hours claimed on course	DCA use only
		Aeroplane	Airship	Helicopter		
A. Cross-country & overseas flying	Section A Total Hours					
B. Night Flying	As pilot in command (PIC)					
	As pilot undergoing training under a qualified instructor in a dual controlled aircraft					
	Section B Total Hours					
C. Instrument Flying	Instruction from a qualified instructor (in flight)					
	Instrument ground time					
	FTD (2/3) or FNPT I					
	FNPT II/III or Flight Simulator					
	Section C Total Hours					
DCA Use Only:						

8. CONFIRMATION OF THEORETICAL KNOWLEDGE COURSE COMPLETED

Category: Aeroplanes Helicopters Airship

Syllabus: IR ATP CBIR

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.

CB IR only

The applicant has completed:

Part FCL ATPL (A) Theoretical Knowledge Part FCL CB IR Theoretical Knowledge

Part FCL IR(A) Theoretical Knowledge

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. PART-FCL INSTRUMENT RATING COURSE CERTIFICATE

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:

Aeroplanes: The course comprised:

..... Hours dual instrument flight instruction in single-engine aeroplanes

..... Hours dual instrument flight instruction in multi-engine aeroplanes

Helicopters: The course comprised:

..... Hours dual instrument flight instruction in single-engine helicopters

..... Hours dual instrument flight instruction in multi-engine helicopters

Airships: The course comprised:

..... Hours dual instrument flight instruction

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:

9a. FLYING CREDITS (For applicants for CB IR Only)

To be completed by the ATO

The applicant has received a reduced course of instrument training as they hold the following credits (complete as applicable)

has completedhours flight instruction under IFR in IMC or VMC in aeroplanes provided by an IR/FI(A) in accordance with Commission Regulation (EU) 1178/2011 as amended, Annex 1, Appendix 6, Section Aa, 6(a)

or

has completedhours under IFR as PIC on aeroplanes as referred in (6)(e)(ii) & (6)(b)(ii)

or

has completedhours instrument flight instruction in aeroplanes other than specified above

or

has flownhours flight time under IFR as PIC on aeroplanes

and (multi-engine IR only)

has completeddual instruction in a multi-engine aeroplane

Night Rating held: Yes No

9b. TEST RECOMMENDATION (To be completed for all applications, with the exception of those applying for a CB IR on the basis of at least 50 hours of flight time under IFR as PIC on aeroplanes)

To be completed by the ATO

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

Approved Training Organisation (ATO):

ATO approval No.: Competent authority issuing approval:

Name of Head of Training (block capitals):.....

Signature (Head of Training): Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

10. CONFIRMATION OF SKILL TEST

I certify that (name)..... has satisfactorily completed a Skill Test for the grant of an Instrument Rating.

Skill Test Date: Aircraft Type and Registration:

Examiner's Name: Examiner's Number.:

Authorising Competent Authority: Date of Examiner's Briefing (if applicable):

CB-IR only: the Skill Tests included confirmation of my level of Theoretical Knowledge

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

Note: Applicants are advised that the rating will not be issued until the corresponding examiner's report has been received.

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. 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

13. SUBMISSION INSTRUCTIONS		
Send your completed application form to: Department of Civil Aviation, Licensing Section, 27 Pindarou Street, 1060 Nicosia, Cyprus		
The following additional information is required to be provided:		
	Tick submitted documents	DCA Use only
Original Part-FCL License	<input type="checkbox"/>	
Copy of Flying Log book	<input type="checkbox"/>	
Examiner's Report form	<input type="checkbox"/>	
Copy of Course Completion Certificate	<input type="checkbox"/>	
Evidence of identity. (Current passport, Birth Certificate or Cyprus Identity card);	<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"/>	
Copy of Theoretical Knowledge Examination Results	<input type="checkbox"/>	
Additionally, if the Instrument Rating course has been reduced		
Copy of Part-FCL CPL certificate for the same category as that applied for; or	<input type="checkbox"/>	
Copy of Part-FCL license with Instrument Rating in a different category of aircraft;or	<input type="checkbox"/>	
Original of third country license with instrument rating in the same category of aircraft; or	<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		

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

14. FOR DCA USE

Enclosures/Remarks

*(by Licensing
Administrator)*

Checked by:

Signed:

Date: