



APPLICATION FOR THE INCLUSION OF AN AEROBATIC RATING IN PART-FCL LICENSE OR EXTENSION OF PRIVILEGES TO A FURTHER AIRCRAFT CATEGORY

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.

1. APPLICANT DETAILS	
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):	

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 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).

3. PARTICULARS OF NON-EASA LICENCES HELD			
Issuing Authority	Type/Class of Licence	Licence 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 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

5. APPLICATION (tick as appropriate)

I am applying for:

an Aerobatic Rating for:

Aeroplanes TMG Sailplanes

Extension of the privileges of an existing Aerobatic Rating to:

Aeroplanes TMG Sailplanes

6. FLYING EXPERIENCE		To be completed by the Applicant	
	Experience claimed	Experience required	
Total flight as PIC since licence issue (aeroplanes & TMG)		40	
Total launches as PIC since licence issue (sailplanes)		120	
DCA Use Only:			

7. PART-FCL AEROBATIC RATING COURSE CERTIFICATE
<p>I certify that (name) has satisfactory 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 <input type="checkbox"/> or extension <input type="checkbox"/> of an Aerobatic 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/extension* of an Aerobatic Rating in accordance with Part-FCL</p> <p>*delete as required</p> <p>Date course started:Date course completed:</p> <p>The course comprised:</p> <p>....., Hours theoretical knowledge instruction</p> <p>....., Hours dual instruction in aeroplanes</p> <p>....., Hours dual instruction I TMGs</p> <p>....., Flights dual instruction in sailplanes</p> <p>Approved Training Organisation (ATO/DTO):..... ATO/DTO approval No.:</p> <p>Competent authority issuing approval:</p> <p>Name of Head of Training:</p>
<p>Signature (Head of Training): Date:</p>
<p>PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1</p>

9. CHARGES	To be completed by DCA
<p>The charge(s) required will be calculated in accordance with DCA Scheme of Charges and to be paid after the completion of the check.</p> <p>NB: This application will not be processed until the applicable charges have been received.</p> <p>€</p>	
<p>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.</p>	

8. 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	

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		
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 and Proficiency Check Report form	<input type="checkbox"/>	
Additionally, if ATO/DTO is not approved by Cyprus DCA		
Copy of Part-ORA Approved Training Organisation approval certificate; or DTO Declaration Acceptance	<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		

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