



APPLICATION TO EXTEND CERTIFICATE OF A FLIGHT INSTRUCTOR-FI (AEROPLANES) IN ACCORDANCE WITH PART-FCL

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.

DATA PROTECTION NOTICE

The DCA will process the personal data in accordance with its policies and in compliance with the Law providing for the Protection of Natural Persons with regard to the Processing of Personal Data and for the Free Movement of such Data of 2018 (Law 125(I)/2018) and the General Data Protection Regulation (EU) 2016/679. This personal data is shared with other Government agencies/Third parties only for the lawful purposes of processing and it will be retained for as long as needed to provide you with our service, or to comply with our legal obligations, resolve disputes and enforce our agreements.

For further information, pls contact DCA "Data Protection Officer" who is responsible for matters relating to privacy and data protection by email: dpo@dca.mcw.gov.cy

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:	
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

5. APPLICATION (tick as appropriate)	
I am applying to extend the privileges of my Flight Instructor Certificate in accordance with Part-FCL:	
FCL.910.FI Removal of Supervisory Restriction <input type="checkbox"/> (Section 6 & LIC-06) FCL.905.FI(c) SPA MPO <input type="checkbox"/> (Section 10) FCL.905.FI(f) Night Rating <input type="checkbox"/> (Section 7) FCL.905.FI(g) Sailplane Towing Rating <input type="checkbox"/> (Section 8) FCL.905.FI(h) IR or BIR <input type="checkbox"/> (Section 9) FCL.905.FI(j) FI <input type="checkbox"/> (Section 11)	FCL.905.FI(e) CPL <input type="checkbox"/> (Section 6) FCL.905.FI(g) Banner Towing <input type="checkbox"/> (Section 8) FCL.905.FI(g) Aerobatic Rating <input type="checkbox"/> (Section 8) FCL.905.FI(i) SPA ME <input type="checkbox"/> (Section 10) FCL.905.FI(j) STI and MI <input type="checkbox"/> (Section 12) FCL.915(e) UPRT <input type="checkbox"/> (Section 14) FCL.905(k)(2) MPL <input type="checkbox"/> (Section 13)
<p><i>Note: An FI (A) does not have the privilege to provide instruction for single-pilot high performance complex aeroplanes</i></p>	

6. REMOVAL OF SUPERVISORY RESTRICTION & FLIGHT INSTRUCTION FOR CPL (A)
<p><u>To be completed by the applicant</u></p> <p><input type="checkbox"/> FI Removal of Supervisory Restriction I have completed 100 hours of flight instruction in aeroplanes or TMGs and in addition have supervised at least 25 solo students' solo flights. I confirm that the information in Form LIC – 06 is correct. <i>(NOTE: Form LIC-06 should be submitted with LIC – 08A)</i></p> <p>Signature of Applicant: _____ Date of Signature: _____</p>
<p><u>To be completed by the ATO/DTO</u></p> <p>I certify that the flight experience listed by the applicant in LIC-06 is correct and meets the requirements of FCL.910.FI(c) for the removal of the supervisory restriction.</p> <p>ATO/DTO Name: _____ ATO/DTO Certificate number: _____</p> <p>Competent Authority issuing ATO/DTO Certificate: _____</p> <p>Name of HT: _____ Licence number: _____</p> <p>Location & date: _____</p> <p>Signature (Head of Training): _____ Date: _____</p>
<p><u>To be completed by the applicant</u></p> <p><u>Application to conduct Flight instruction for the issue of the</u></p> <p><input type="checkbox"/> CPL(A) Flight time as pilot on aeroplanes hours: _____ <i>Minimum 500 hrs</i></p> <p>Including flight instruction hours: _____ <i>Minimum 200 hrs</i></p> <p>Signature of Applicant: _____ Date of Signature: _____</p>

7. EXTENSION OF PRIVILEGES FOR THE FLIGHT INSTRUCTION FOR THE NIGHT RATING

To be completed by the applicant

Night Rating

I hold a Night Rating (*Rating required*)

Signature of Applicant: _____ Date of Signature: _____

To be completed by an Instructor certified in accordance with FCL.905.FI(j)

I being an instructor certified in accordance with FCL.905.FI(j) certify that the applicant demonstrated the ability to instruct at night.

FCL.905.FI(j) Last and First Name: _____

FCL.905.FI(j) Certificate number: _____

Signature of FCL.905.FI(j): _____ Date of Signature: _____

To be completed by the ATO/DTO

The ATO/DTO confirms that the candidate has been trained according to the approved syllabus in accordance with Part-FCL and completed Exercice 20 of AMC1 FCL.930.FI; The ATO/DTO assures the level of proficiency required.

ATO/DTO Name: _____ ATO/DTO Certificate number: _____

Competent Authority issuing ATO/DTO Certificate: _____

Name of HT: _____ Licence number: _____

Location & date: _____

Signature (Head of Training): _____ Date: _____

8. EXTENSION OF PRIVILEGES FOR THE FLIGHT INSTRUCTION FOR BANNER TOWING RATING, SAILPLANE TOWING RATING, AEROBATIC RATING

To be completed by the applicant

Banner Towing

I hold a Banner Towing Rating. (*Rating required*)

Signature of Applicant: _____ Date of Signature: _____

To be completed by an Instructor certified in accordance with FCL.905.FI(j)

I being an instructor certified in accordance with FCL.905.FI(j) certify that the applicant demonstrated on Date: _____ the ability to instruct for the Banner Towing Rating.

FCL.905.FI(j) Last and First Name: _____

FCL.905.FI(j) Licence / Certificate number: _____

Signature of FCL.905.FI(j): _____ Date of Signature: _____

To be completed by the applicant

Sailplane Towing

I hold a Sailplane Towing Rating. *(Rating required)*

Signature of Applicant: _____ Date of Signature: _____

To be completed by an Instructor certified in accordance with FCL.905.FI(j)

I being an instructor certified in accordance with FCL.905.FI(j) certify that the applicant demonstrated on Date: _____ the ability to instruct for the Sailplane Towing Rating.

FCL.905.FI(j) Last and First Name: _____

FCL.905.FI(j) Licence / Certificate number: _____

Signature of FCL.905.FI(j): _____ Date of Signature: _____

To be completed by the applicant

Aerobatic Rating

I hold an Aerobatic Rating. *(Rating required)*

Signature of Applicant: _____ Date of Signature: _____

To be completed by an Instructor certified in accordance with FCL.905.FI(j)

I being an instructor certified in accordance with FCL.905.FI(j) certify that the applicant demonstrated on Date: _____ the ability to instruct for the Aerobatic Rating.

FCL.905.FI(j) Last and First Name: _____

FCL.905.FI(j) Licence / Certificate number: _____

Signature of FCL.905.FI(j): _____ Date of Signature: _____

9. EXTENSION OF PRIVILEGES FOR THE FLIGHT INSTRUCTION FOR IR (A) or BIR

IR(A) or BIR for training in Aircraft

Flight time under IFR, hours: _____ *Minimum 200 hrs* of which instrument ground time in an

FFS/ FTD2/3/FNPTII hours : _____ *Maximum 50 hrs*

IR(A) or BIR for training in in FSTDs or supervising SPIC training flights that take place under IFR

Flight time under IFR, hours: _____ *Minimum 50 hrs* after the issuance of the BIR or the IR,

Of which Instrument ground time in an FFS/ FTD2/3/FNPTII hours: _____ *Maximum 10 hrs*

Instructor Assessment of competence for the IRI certificate passed on Date: _____ with

(Name of FIE): _____ *(NOTE: Examiner Report should be submitted with LIC – 08A)*

Signature of Applicant: _____ Date of Signature: _____

Note: For multi-engine privileges fill also Section 10.

To be completed by the ATO - IRI Course

The ATO confirms that the candidate has been trained according to the approved syllabus for the IRI(A) in accordance with Part-FCL, and assures the level of proficiency required.

ATO Name: _____ ATO Certificate number: _____

Competent Authority issuing approval certificate _____

FSTD Certificate number _____

Competent Authority issuing FSTD certificate : _____

Name of HT: _____ Licence number: _____

Location & date: _____

Teaching and learning hours: _____ *Minimum 25 hours, or tick if credited.*

Technical Training hours: _____ *Minimum 10 hours, including revision of instrument theoretical knowledge, the preparation of lesson plans and the development of classroom instructional skills.*

Flight Instruction on an aeroplane hours _____ (a), and on FFS, FTD2/3

OR FNPT II hours _____ (b) (a + b *Minimum 5 hours as FI held*)

Signature (Head of Training): _____ Date: _____

10. EXTENSION OF PRIVILEGES FOR THE FLIGHT INSTRUCTION FOR SINGLE-PILOT MULTI-ENGINE CLASS OR TYPE RATINGS EXCEPT SINGLE PILOT HIGH PERFORMANCE COMPLEX AEROPLANES

To be completed by the applicant

- Single-Pilot Multi-engine class or type ratings except single pilot high performance complex aeroplanes**

Class or Type of aircraft: _____ valid until _____

Flight time as pilot on the aeroplanes hours: _____ *Minimum 500 hrs*

Hours as PIC on the applicable class or type of aeroplanes: _____ *Minimum 30 hrs*

Completed CRI Training Course for multi-engine aeroplane on Date _____ (*Certificate required*)

Instructor Assessment of competence as CRI for ME passed on Date _____ with

(Name of FIE): _____.

(NOTE: Examiner Report should be submitted with LIC – 08A)

To be completed by the ATO

The ATO confirms that the candidate has been trained according to the approved syllabus for the CRI(A) ME, in accordance with Part-FCL, and assures the level of proficiency required.

ATO Name: _____ ATO Certificate number: _____

Competent Authority issuing ATO certificate _____

Name of HT: _____ Licence number: _____

Location & date: _____

Teaching and learning hours: (Credited as applicant is an FI)

Technical Training hours: _____ *Minimum 10 hours*, including revision of instrument theoretical knowledge, the preparation of lesson plans and the development of classroom instructional skills.

Flight Instruction on multiengine aeroplane hours _____ *Minimum 5 hours given by an FI(A) qualified in accordance with FCL.905.FI(j)*

Signature (Head of Training): _____ Date: _____

11. EXTENSION OF PRIVILEGES TO CONDUCT FLIGHT INSTRUCTION FOR FI (A), IRI(A), CRI (A)-SE, CRI (A)-ME CERTIFICATE(S)

To be completed by the applicant

I wish to apply for the extension of my FI(A) to conduct flight instruction for the issue of the following instructor certificate(s)

FI (A) **IRI (A)**

CRI (A) SE **CRI (A) ME**

Flight instruction on aeroplanes hours: _____ *Minimum 500 hrs*

Passed an assessment of competence on aeroplanes on Date : _____ to demonstrate

to a Flight Instructor Examiner (FIE) Name : _____ the ability to instruct

for the FI certificate; *(NOTE: Examiner Report should be submitted with LIC – 08A)*

Signature of Applicant: _____ Date of Signature: _____

To be completed by the FIE

I declare that the applicant passed an assessment of competence on the aeroplane on Date: _____

and has satisfactory demonstrated competence to instruct for the

FI (A) IRI (A) CRI (A) SE CRI (A) ME

Last and First Name of FIE: _____

Examiner Licence / Certificate number: _____

Signature of FIE _____ Date of Signature _____

12. EXTENSION OF PRIVILEGES FOR THE FLIGHT INSTRUCTION FOR STI (A), MI (A)

To be completed by the applicant

STI (A)

Flight time as pilot on aeroplanes hours: _____ *Minimum 500 hrs*

Passed an assessment of competence on aeroplanes Date : _____ to demonstrate
to a Flight Instructor Examiner (FIE) Name : _____ the ability to instruct
for the STI certificate; *(NOTE: Examiner Report should be submitted with LIC – 08A)*

Signature of Applicant: _____ Date of Signature: _____

To be completed by the applicant

MI (A)

Mountain Rating held valid until: _____ *(Rating required)*

Flight time as pilot on the aeroplanes hours : _____ *Minimum 500 hrs* to
demonstrate to a Flight Instructor Examiner (FIE) Name : _____ the ability to
instruct for the mountain instructor certificate; *(NOTE: Examiner Report should be submitted with LIC – 08A)*

Signature of Applicant: _____ Date of Signature: _____

13. EXTENSION OF PRIVILEGES FOR THE FLIGHT INSTRUCTION FOR MPL

To be completed by the applicant

MPL Core flying phase FCL.905(k)(1)

Flight time as pilot on aeroplanes hours: _____ *Minimum 500 hours*

Including flight Instruction hours: _____ *Minimum 200 hours*

Signature of Applicant: _____ Date of Signature: _____

To be completed by the applicant

MPL Basic Phase FCL.905(k)(2)

Multi Engine Instrument Rating valid until: _____ *(Rating required)*

Privilege to instructor for the IR valid until: _____

Flight time in multi crew operations hours: _____ *Minimum 1500 hours*

Signature of Applicant: _____ Date of Signature: _____

To be completed by the ATO

The ATO confirms that the candidate has satisfactorily completed an approved course of training in accordance with Part FCL.925 (a) and (b) and Part FCL.905.FI (k) for the MPL instructor.

ATO Name: _____ Approval number: _____

Competent Authority issuing Approval: _____

Name of HT: _____ Licence number: _____

Location & date: _____

Note: For the FI who does not meet the requirements of FCL .905.FI(k)(2)(ii) and FI already qualified to instruct on ATP(A) or CPL(A)/IR integrated courses, the requirement of (2)(ii) may be replaced by.

The applicant completed a structured course of training consisting of:

- (i) MCC qualification;
- (ii) observing 5 sessions of flight instruction in Phase 3 of an MPL course;
- (iii) observing 5 sessions of flight instruction in Phase 4 of an MPL course;
- (iv) observing 5 operator recurrent line oriented flight training sessions;
- (v) the content of the MCCI instructor course.

And conducted the first 5 instructor sessions under the supervision of a TRI(A), MCCI(A) or SFI(A) qualified for MPL flight instruction

Name of Supervising Instructor _____ Licence / Certificate number: _____

Signature (Supervising Instructor): _____ Date: _____

Signature (Head of Training): _____ Date: _____

14. EXTENSION OF PRIVILEGES FOR THE FLIGHT INSTRUCTION FOR UPRT

To be completed by the applicant

Class or Type of aircraft: _____ valid until _____

Flight time as pilot on the aeroplanes hours: _____ *Minimum 500 hrs*

Including Instruction Hours: _____ *Minimum 200 hrs*

Completed Advanced UPRT Course on Date _____ *(Certificate and logbook entry required)*

Signature of Applicant: _____ Date of Signature: _____

To be completed by the ATO

The ATO confirms that the candidate has received refresher training at an ATO during which the competence required to instruct on a course in accordance with point FCL.745.A is assessed to the satisfaction of the HT.

ATO Name: _____ ATO Certificate number: _____

Competent Authority issuing ATO certificate _____

Location & date: _____ *(during last year)*

Flight Instruction during training iaw FCL.745.A hours: _____ *Minimum 25 hours*

Assessment of Competence

Passed an assessment of competence as FI(A) on Date: _____

with a Flight Instructor Examiner (FIE) Name : _____ (must be in the period of 12 months before application). (NOTE: Examiner Report should be submitted with LIC – 08A)

Name of HT: _____ Licence number: _____

Signature (Head of Training): _____ Date: _____

15. DECLARATION OF APPLICANT

I DECLARE that the information given on this form is correct and I 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

16. 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

	Tick submitted documents	DCA Use only
Originals of all non-EASA licences. Photocopies are not acceptable	<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"/>	
Copy of Applicant's EASA License	<input type="checkbox"/>	
Original flying logbook(s) (if applicable) - All flight instruction must be signed by the instructor and certified by the ATO/DTO Head of Training	<input type="checkbox"/>	
Record of Supervised flights LIC-06	<input type="checkbox"/>	
Copy of Training Course Certificates (if a Section that requires ATO/DTO signature is not completed then the course Certificate should include all details requested in the relevant Section).	<input type="checkbox"/>	
Assessment of Competence Examiners Report (Competent Authority's Copy)	<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 and license	<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:

Guidance for Certification of Original Documents

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:

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

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

18. CHARGES	To be completed by the Applicant
<p>The charge(s) required should be paid in accordance with DCA Scheme of Charges. <u>Important Note:</u> This application will not be processed until the applicable charges have been received.</p>	
<p>*Cheque <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Credit Card <input type="checkbox"/></p> <p>*Cheques will be acceptable ONLY from Cyprus Banks. Cheques made payable to the Director of Civil Aviation.</p> <p>CASH WILL NOT BE ACCEPTABLE</p>	
<p><u>For Bank Transfers Only In Euro(€):</u> Through TARGET 2 SWIFT CODE: CBCYCY2NACC CENTRAL BANK OF CYPRUS CY1395, NICOSIA</p> <p>Please remit to the Central Bank of Cyprus (SWIFT CODE: CBCYCY2NACC) the amount of EUR (as per DCA Scheme of Charges) through TARGET 2 for the credit of the Government General Account, IBAN No. /CY06 0010 0001 0000 0000 0600 1093 in favour of Cyprus Department of Civil Aviation with details of payment (e.g. Initial Issue of Flight Instructor Certificate)</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> <p>For further details on Fees and Charges and payment methods, pls contact: +35722404143, 148 or 159</p>	