



APPLICATION TO EXTEND CERTIFICATE PRIVILEGES OF A FLIGHT INSTRUCTOR-FI (HELICOPTERS) 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

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 to extend the privileges of my **Flight Instructor Certificate** in accordance with Part-FCL:

FCL.910.FI Removal of Supervisory Restriction (Section 6 & LIC - 06)

FCL.905.FI(f) Night Rating (Section 7)

FCL.905.FI(i) SPH ME (Section 9)

FCL.905.FI(e) CPL (Section 6)

FCL.905.FI(h) SE IR (Section 8) ME IR (Section 8)

FCL.905.FI(j) FI (Section 10)

6. REMOVAL OF SUPERVISORY RESTRICTION & FLIGHT INSTRUCTION FOR CPL (H)

To be completed by the applicant

FI Removal of Supervisory Restriction

I have completed 100 hours of flight instruction in helicopters and in addition have supervised at least 25 solo students solo flights air exercises. I confirm that the information in Form LIC – 06 is correct.

(NOTE: Form LIC-06 should be submitted with LIC – 08B)

Signature of Applicant: _____ Date of Signature: _____

To be completed by the ATO

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.

ATO Name: _____ ATO Certificate number: _____

Competent Authority issuing ATO Certificate: _____

Name of HT: _____ Licence number: _____

Location & date: _____

Signature (Head of Training): _____ Date: _____

To be completed by the applicant

Application to conduct Flight instruction for the issue of the

CPL(H)

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

Including flight instruction hours: _____ *Minimum 200 hrs*

Signature of Applicant: _____ Date of Signature: _____

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

The ATO confirms that the candidate has been trained according to the approved syllabus in accordance with Part-FCL and completed Exercise 28 of AMC1 FCL.930.FI. The ATO assures the level of proficiency required.

ATO Name: _____ ATO Certificate number: _____

Competent Authority issuing ATO Certificate: _____

Name of HT: _____ Licence number: _____

Location & date: _____

Signature (Head of Training): _____ Date: _____

8. EXTENSION OF PRIVILEGES FOR THE FLIGHT INSTRUCTION FOR IR (H)

IR(H)

For training in Helicopter:

Flight time under IFR, hours: _____ *Minimum 200 hrs*

of which instrument ground time in an FFS/ FTD2/3/FNPTII hours : _____ *Maximum 50 hrs*

For training 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 – 08B)*

In addition for SP multi-engine helicopters:

Completed as pilot on helicopters Hours: _____ *Minimum 500 hours,*

Including hours as a pilot on SP ME helicopters _____ *Minimum 100 hours.*

In addition for MP multi-engine helicopters:

Completed as pilot on helicopters Hours: _____ *Minimum 1,000 hours,*

Including hours as a pilot on multi-pilot helicopters _____ *Minimum 350 hours; or*

Holding a valid TRI(H) certificate for single-pilot multi-engine helicopters, valid until: _____ and

Completed as pilot of that type in multi-pilot operations _____ *Minimum 100 hours*

Signature of Applicant: _____ Date of Signature: _____

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(H) 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 a helicopter hours _____ (a), and on FFS, FTD2/3 or FNPT II hours _____ (b) (*a + b Minimum 10 hours as FI held*)

Signature (Head of Training): _____ Date: _____

9. EXTENSION OF PRIVILEGES FOR THE FLIGHT INSTRUCTION FOR SINGLE-PILOT MULTI-ENGINE TYPE RATINGS

To be completed by the applicant

Single – Pilot Multi-engine type ratings

Type of helicopter: _____ valid until _____

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

Hours as PIC on the applicable type of helicopters: _____ *Minimum 100 hrs*

Instructor Assessment of competence as TRI for ME passed on Date _____ with
(Name of FIE or TRE*): _____ *(NOTE: Examiner Report should be submitted with LIC – 08B)*
* Delete as applicable

To be completed by the ATO

The ATO confirms that the candidate has been trained according to the approved syllabus for the technical training and flight instruction parts of the TRI(H) ME, in accordance with Part-FCL and assures the level of proficiency required.

ATO Name: _____ ATO Certificate number: _____

Name of HT: _____ License number: _____

Location & date: _____

TRI course

Type of helicopter: _____

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

Technical Training on applicable type hours: _____ of the relevant TRI course,

Flight Instruction on multi-engine helicopters hours: _____ of the relevant TRI course.

Flight Instruction

Flight instruction as pilot on the applicable type of helicopter hours: _____ *Minimum 2 hrs, under the supervision of TRI Name: _____ Certificate Number: _____*

Signature (Head of Training): _____ Date: _____

10. EXTENSION OF PRIVILEGES TO CONDUCT FLIGHT INSTRUCTION FOR FI(H), IRI(H) CERTIFICATE(S)

To be completed by the applicant

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

FI (H) **IRI (H)** **STI (H)**

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

Passed an assessment of competence on helicopters 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 – 08B)*

Signature of Applicant: _____ Date of Signature: _____

To be completed by the FIE

I declare that the applicant passed an assessment of competence on the helicopter on Date: _____ and has satisfactorily demonstrated competence to instruct for the

FI (H) **IRI (H)** **STI (H)**

Last and First Name of FIE: _____

Examiner License / Certificate number: _____

Signature of FIE _____ Date of Signature _____

11. 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

12. 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 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

13. FOR DCA USE *(by Licensing Administrator)*

Enclosures/Remarks	Submission Date:		
Checked by:	Signed:	Date:	

14. CHARGES **To be completed by the Applicant**

The charge(s) required should be paid in accordance with DCA Scheme of Charges.
Important Note: This application will not be processed until the applicable charges have been received.

*Cheque Bank Transfer Credit Card

*Cheques will be acceptable ONLY from Cyprus Banks. Cheques made payable to the Director of Civil Aviation.

CASH WILL NOT BE ACCEPTABLE

For Bank Transfers Only In Euro(€): Through TARGET 2 SWIFT CODE: CBCYCY2NACC
CENTRAL BANK OF CYPRUS
CY1395, NICOSIA

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)

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.

For further details on Fees and Charges and payment methods, pls contact:
+35722404143, 148 or 159