



FOR OFFICIAL USE	
Date of receipt:	

APPLICATION FORM FOR PROFESSIONAL LICENCE/INSTRUMENT RATING -AEROPLANES

Please complete in BLOCK CAPITALS using black or dark blue ink

FALSE REPRESENTATION STATEMENT

1. APPLICANT DETAILS

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.

Surname:		Forename(s):				
Date of Birth:		Nationality:				
Town of Birth:		Country of Birth:				
Permanent Address:						
Telephone:		Mobile telephone:				
e-mail:		·				
e-maii.						
Address for Correspondence (if different from above):					
2 MEDICAL FITNESS						
2. MEDICAL FITNESS						
2. MEDICAL FITNESS State of Issue	Class of Medical Certificate held	d Date of last Medical	DCA use only			
	Class of Medical Certificate held	d Date of last Medical	DCA use only			
	Class of Medical Certificate held	Date of last Medical	DCA use only			
State of Issue Note: Your Medical Certificate	Class of Medical Certificate held e must be valid on the licence issication for licence issue, please of	ue date. If your medical certi				
State of Issue Note: Your Medical Certificate 14 days after the date of appl	e must be valid on the licence iss ication for licence issue, please o	ue date. If your medical certi omplete the following:	ficate is due to expire within			
Note: Your Medical Certificate 14 days after the date of appl My medical examination will to	e must be valid on the licence issication for licence issue, please cake place at:	ue date. If your medical certi omplete the following: on:	ficate is due to expire within			
Note: Your Medical Certificate 14 days after the date of appl My medical examination will ta A licence will not be issued to held by an Aeromedical Centre	e must be valid on the licence issication for licence issue, please cake place at:	ue date. If your medical certion omplete the following: on: records supporting their Partommission Regulation (EU) No	ficate is due to expire within MED medical certificate are 0.1178/2011 as amended,			
Note: Your Medical Certificate 14 days after the date of appl My medical examination will ta A licence will not be issued to held by an Aeromedical Centre	e must be valid on the licence issication for licence issue, please cake place at:	ue date. If your medical certion omplete the following: on: records supporting their Partommission Regulation (EU) No	ficate is due to expire within MED medical certificate are 0.1178/2011 as amended,			
Note: Your Medical Certificate 14 days after the date of appl My medical examination will ta A licence will not be issued to held by an Aeromedical Centre requires that an individual has	e must be valid on the licence issication for licence issue, please cake place at:	ue date. If your medical certion omplete the following: on: records supporting their Partommission Regulation (EU) No	ficate is due to expire within MED medical certificate are 0.1178/2011 as amended,			

3. PARTICULARS OF NON-EASA LICENCES HELD									
Issuing Authority		Type/Class of Licence			Licence No.		Ехр	Expiry Date	
4 DATINGG III	EL D								
4. RATINGS H		most recent :	 Skill Test, Prc	ficier	ncv Ched	ck or Revalidation	by Expering	ce for each	
						ed on your Part-l			
Rating or Certificate held				Examiner's Licence Number and Name		DCA Use Only			
5. APPLICATIO				al /a.u.	:				
I am applying fo		wing aeropiai	_	a/or	instrum	ient rating:			
CPL 📙	IR	☐ ATPL ☐							
Aeroplane class/ty	/pe rating (pl	lease specify):							
Type of course(s) complete	ed (if any):							
Modular CPL		☐ Mod	dular IR						
Integrated CPL		☐ Inte	Integrated CPL/IR						
Integrated ATP									
Conversions (if applicable):									
ICAO CPL to CPL		☐ ICA	O CPL/IR to C	PL/IR					
ICAO ATP to ATP & IR									
Military Accreditation Scheme (if applicable):									
Cyprus QMP to CF	'L	Сур	Cyprus QMP to CPL/IR						
Cyprus QMP to AT	ΓP & IR								

6.	6. FLYING EXPERIENCE						
		Type of Flight Time	Hours Claimed on Course	Total Hours Claimed	DCA Use Only		
		As pilot in command (PIC)					
		As student pilot-in-command (SPIC)				
۸	Total	As pilot-in-command under su	pervision (PICUS)				
^	Experience	Dual instruction					
	as Pilot	As Co-pilot (P2)					
		Other hours credited (if applica	able)				
		Sec	tion A Total Hours				
		As pilot in command (PIC)					
R	Cross-	As student pilot-in-command (SPIC)				
	country	As pilot-in-command under su	pervision (PICUS)				
	and Overseas	Dual instruction					
	Flying	As Co-pilot (P2)					
		Sec	tion B Total Hours				
		Date of 300nm flight (aeroplar	nes) (dd/mm/yyyy)				
		As pilot-in-command (PIC)					
		As pilot-in-command under su	pervision (PICUS)				
С	Night Flying	Dual instruction					
	,9	Dual cross-country					
		As Co-pilot (P2)					
		Sec	tion C Total Hours				
		Dual instruction (in flight)					
		As student pilot-in-command (SPIC)				
			FTD 2/3 or FNPT I				
D	Instrument	Instrument Ground Time	FNPT II/III				
	Flying		FSS				
		Flying Time (PIC/Co-pilot/PICL					
		MCC Training (as part of cours	e)				
		Sec	tion D Total Hours				
		As pilot-in-command (PIC)					
F	Multi-pilot	As pilot-in-command under sup	pervision (PICUS)				
	Aircraft	Dual instruction					
	Experience	As co-pilot (P2)					
		Sec	tion E Total Hours				
DO	CA Use Only:						

7. CONFIRMATION OF THEORETICAL KNOWLEDGE COURSE COMPLETION					
Confirmation of th	neoretical knowledge tr	aining course	e completed (a	eroplanes)	
CPL		IR			ATP
Theoretical knowledg	ge training completed on c	course:		Hours	
Note: A certified co examinations were to certificate must also	y under which the examina opy of the examination restaken with an ATO not subjude by provided. Organisation (ATO):	ults must be pi ject to Cyprus	rovided with the DCA approval, a	application. If the certified copy of	he training and the ATO approval
Competent authority	issuing approval:				
Name of Head of Tra	aining:				
Signature (Head of T	Fraining):			Date:	
PLEASE REFER TO	FALSE REPRESENTATION	ON STATEME	NT ON PAGE 1		
8. DETAILS OF C	PL MODULAR COURS	SE OR ABRII	DGED MODUL	AR COURSE (ICAO CPL or QMP)
accordance with Part for the grant of a Co	t-FCL prior to commencing ommercial Pilot Licence. If oly with the requirements for	a course of tra further certify t	aining and has sa that I have exam	atisfactorily comp ined the applicar	pleted a course of training nt's flying log and that the
Date CPL course star	rted:	I	Date CPL course	completed:	
The course compr	ised:				
Hours dual fl	light instruction of which				
Hours dual fl	light instruction in accorda	nce with Apper	ndix 3, Section E,	Paragraph 11 o	f Part-FCL
Hours dual fl	light instruction at night (if	applicable)			
Hours instrur	ment instruction				
Hours of MER	P asymmetric flight instruc	tion (if applical	ole)		
Simulator Experie	nce (if applicable):				
FSTD Identification N 1178/2011, as amen	ment ground time in a FTD No. of device used (which inded:	must be qualifi	ed and approved	I in accordance v	vith Regulation (EU)
	issuing qualification certif				
	kill test by (name): Organisation (ATO):				
	r issuing approval:				
	aining:				
Signature (Head of T	Training):			Date:	
PLEASE REFER TO	FALSE REPRESENTATION	ON STATEME	NT ON PAGE 1		

9. DETAILS OF IR MODULAR COURSE OR ABRIDGED MODULAR COURSE (ICAO IR)
I certify that (name)
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):
Approved Training Organisation (ATO):
Competent authority issuing approval:
Name of Head of Training:
Name of Flead of Framing.
Signature (Head of Training): Date:
PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1
10. INTEGRATED COURSES
I certify that (name)
Date course started: Date course completed:
Approved Training Organisation (ATO):
Competent authority issuing approval:
Name of Head of Training:
Name of Fredu of Truming.
Signature (Head of Training): Date:
PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

11. LANGUAGE PROFICIENCY								
Language	Date	Level	Pa	iss	Examiner's	Name & Signature	Reference Number	
			Yes					
			No					
The above examinations	were completed	d at:					(Test location)	
12. CONFIRMATION	OF SKILL T	EST						
I certify that (name)					has satisfacto	rily completed a:		
CPL(A) Skill Test:					IR(A) Skill Test		<u>5</u> :	
Multi-pilot ATPL(A) Skill T					(), 0			
I further certify that I have					nd the entries	therein meet in full th	e flying experience	
requirements for the gran							3 3 1	
Examiner's Name: Examiner's Number. ;								
Authorising Competent Authority:								
Signature (Examiner):	Signature (Examiner): Date:							
Note: Examiners are rer Department within 14 wo				the Exa	aminer's Repor	t Form and submit th	is to the Licensing	
Applicants are advised th	at the licence v	vill not be	issued	until the	e correspondin	g Examiner's Report I	Form is received	
PLEASE REFER TO FAL	SE REPRESEN	ITATION	STATE	MENT	ON PAGE 1			
13. DECLARATION C	OF APPLICAN	JT						
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 intial issue of a licence, including an Instrument Rating. To apply for the addition of an Instrument Rating to an existing Part-FCL licence, please use Form LIC-04								

14. 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:		
The following additional information is required to be provided.	Tick submitted documents	DCA Use only
Examiner's Report form		
Valid Medical Certificate issued in accordance with Part-MED (Validity date must be sufficient to cover the anticipated license issue date);		
Evidence of identity. (Current passport, Birth Certificate or Cyprus Identity card);		
Actual flying logbooks, which mst be certified at the last appropriate entry by the Head of Training/CFI;		
Originals of all National, JAR-FCL and other non-EASA licences. Photocopies are not acceptable		
Certified cypy of theoretical knowledge examination resutls./Course completion		
Additionally, if training and/or testing has taken place outside of Cyprus:		
Copy of Part-ORA Approved Training Organisation approval certificate;		
Copy of Examiner's approval certificate and licence		
Additionally if applying for an ATP(A)		
Letter from operating company confirming PICUS hours in multi-pilot operations		
Additionally for Qualified Military Pilots		
Copy of 'Wings' certificate and Qualification page from the Service logbook, certified as a true copy, by the Commanding Officer.		
Please note that failure to submit all of the required documentation may of your application.	lead to a delay	y in the processing
If you are unable to find the information you require please +35722404126/+35722404128 or email at eld@dca.mcw.gov.cy	contact our Li	censing team on