



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
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	
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 an Aeromedical Centre located in Cyprus. 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).

6. FLYING EXPERIENCE					
Type of Flight Time		Hours Claimed on Course	Total Hours Claimed	DCA Use Only	
A Total Experience as Pilot	As pilot in command (PIC)				
	As student pilot-in-command (SPIC)				
	As pilot-in-command under supervision (PICUS)				
	Dual instruction				
	As Co-pilot (P2)				
	Other hours credited (if applicable)				
	Section A Total Hours				
B Cross-country and Overseas Flying	As pilot in command (PIC)				
	As student pilot-in-command (SPIC)				
	As pilot-in-command under supervision (PICUS)				
	Dual instruction				
	As Co-pilot (P2)				
	Section B Total Hours				
C Night Flying	Date of 300nm flight (aeroplanes) (dd/mm/yyyy)				
	As pilot-in-command (PIC)				
	As pilot-in-command under supervision (PICUS)				
	Dual instruction				
	Dual cross-country				
	As Co-pilot (P2)				
	Section C Total Hours				
D Instrument Flying	Dual instruction (in flight)				
	As student pilot-in-command (SPIC)				
	Instrument Ground Time	FTD 2/3 or FNPT I			
		FNPT II/III			
		FSS			
	Flying Time (PIC/Co-pilot/PICUS)				
	MCC Training (as part of course)				
Section D Total Hours					
E Multi-pilot Aircraft Experience	As pilot-in-command (PIC)				
	As pilot-in-command under supervision (PICUS)				
	Dual instruction				
	As co-pilot (P2)				
	Section E Total Hours				
DCA Use Only:					

7. CONFIRMATION OF THEORETICAL KNOWLEDGE COURSE COMPLETION

Confirmation of theoretical knowledge training course completed (aeroplanes)

CPL IR ATP

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.

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

8. DETAILS OF CPL MODULAR COURSE OR ABRIDGED MODULAR COURSE (ICAO CPL or QMP)

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 a Commercial Pilot Licence. 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 a Commercial Pilot Licence in accordance with Part-FCL

Date CPL course started: Date CPL course completed:

The course comprised:

..... Hours dual flight instruction of which

..... Hours dual flight instruction in accordance with Appendix 3, Section E, Paragraph 11 of Part-FCL

..... 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):Licence No.:

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. DETAILS OF IR MODULAR COURSE OR ABRIDGED MODULAR COURSE (ICAO IR)

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:

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): Licence No.:

Approved Training Organisation (ATO): ATO approval No.:

Competent authority issuing approval:

Name of Head of Training:

Signature (Head of Training): Date:

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10. INTEGRATED COURSES

I certify that (name) has satisfactorily completed a course of training for the grant of a Commercial Pilot Licence with without Instrument Rating and the training is detailed in Section 7. 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 a Commercial Pilot Licence with without Instrument Rating in accordance with Part-FCL

Date course started: Date course completed:

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

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:		
	Tick submitted documents	DCA Use only
Examiner's Report form	<input type="checkbox"/>	
Valid Medical Certificate issued in accordance with Part-MED (Validity date must be sufficient to cover the anticipated license issue date);	<input type="checkbox"/>	
Evidence of identity. (Current passport, Birth Certificate or Cyprus Identity card);	<input type="checkbox"/>	
Actual flying logbooks, which mst be certified at the last appropriate entry by the Head of Training/CFI;	<input type="checkbox"/>	
Originals of all National, JAR-FCL and other non-EASA licences. Photocopies are not acceptable	<input type="checkbox"/>	
Certified cypy of theoretical knowledge examination resutls./Course completion	<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"/>	
Additionally if applying for an ATP(A)		
Letter from operating company confirming PICUS hours in multi-pilot operations	<input type="checkbox"/>	
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.	<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		