



## FOR OFFICIAL USE

Date of receipt:

## APPLICATION FOR RE-ISSUE OF FLIGHT CREW LICENSE

Please complete the form 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 Ref. Number:		
Surname:	Forename(s):	
Date of Birth:	Nationality:	
Town of Birth:	Country of Birth:	
Permanent Address:		
	T	
Telephone:	Mobile telephone:	
e-mail:		
Address for Correspondence (if different from above):		
2. REASON FOR APPLICATION		
2. REASON FOR APPLICATION	1	
(a) Change of Personal Details		
(b) Loss of License		
(c) Section XII of License Document completed		

4. DECLARATION			
I declare that the information provided on this form is correct.			
Name:			
Signature Date.			
5. SUBMISSION INSTRUCTIONS			
Send your completed application form to:			
Department of Civil Aviation,			
Licensing Section,			
27 Pindarou Street, 1060 Nicosia,			
Cyprus			
Together with:			
Please note that failure to submit all of the required documentation may lead to a delay in the			
processing of your application.		Tick submitted documents	DCA Use only
Original of License Document			
Copy of ID or Passport			
Police Report [applicable only for Section 2(b)]			
Application and Examiners Report and/or Proficiency check schedule [applicable for section 2(c)].	e (only		
Payment receipt			
If you are unable to find the information you require please contact our Licensir or email at eld@dca.mcw.gov.cy	ng team oi	n +35722404126/	+35722404128
-			
6. DCA USE ONLY			
Englesures / Demarks			
Enclosures/Remarks			
Checked by: Signed:			

3. PAYMENT METHOD

Please complete and submit form LIC/ACC/01 as per instructions on Section 5 of this form.