



FOR OFFICIAL USE

Date of receipt:

PPL QUALIFYING CROSS COUNTRY CERTIFICATE

Please complete the form in BLOCK CAPITALS using black or dark blue ink after reading the attached guidance

1. STUDENT DETAILS
Cyprus DCA reference number (if known):
Title Surname
Date of Birth (dd/mm/yyyy):
2. STUDENT INSTRUCTIONS
In the event of a landing being made at a place other than an aerodrome named hereon, the authorisation for the flight is automatically terminated. The authorising instructor is then to be notified immediately by telephone.
(No:) and the flight MUST NOT be continued without his/her specific authorisation.
3. AUTHORISATION TO FLY CROSS COUNTRY
This is to certify that the above named student pilot is authorised to:
This is to certify that the above hamed student phot is authorised to.
(a) Depart from the Base aerodrome perform a specified route and to perform a full stop landing at the 1 st different aerodrome
(b) Depart from the 1 st different aerodrome perform a specified route and to perform a full stop landing at
the 2 nd different (*) or Base ^(*) aerodrome
(c)
i. Depart from the 2 nd different aerodrome perform a specified route and to perform a full stop
landing at the Base aerodrome, or
ii. Depart from the Base aerodrome performing a specified route and then back to perform a full
stop landing at the same aerodrome of departure.
(d) The whole route shall be at least 270KM (150NM) and all the above routes shall be specified by the ATOs responsible for the applicant's training.
(e) All the above flights to be performed with <i>Aircraft Reg</i>
(c) / in the above highle to be perferred than / in craft rieg
R/F [*] /Approved Training Organisation (ATO) [*] :Approval No.:Approval No.:
Authorising Instructor's Name: License Number: License Number:
* delete as appropriate
(refer to Note 1 for guidance)
Signature (Authorising Instructor):
- 0 1 3 1

4. AERODROME 1 (1 st different aerodrome)
This is to certify that the above named pilot landed at:
Date: Time:
As far as can be ascertained, the pilot was alone in the aircraft and unaccompanied by any other aircraft. If the student pilot was given any assistance (e.g. in navigation) or if any aspect of the approach to the airfield, join, circuit and landing was, in the signatory's opinion, inconsistent with operating the aircraft in a safe or responsible manner, please describe what happened at Section 7 of this form. If the departure procedure raises any concerns, the student's training organisation at the base aerodrome should be notified.
Name:
Position: (refer to Note 2 below)
Signed: Stamp:
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5. AERODROME 2 (2 nd different aerodrome)
This is to certify that the above named pilot landed at:
Date: Time:
As far as can be ascertained, the pilot was alone in the aircraft and unaccompanied by any other aircraft. If the student pilot was given any assistance (e.g. in navigation) or if any aspect of the approach to the airfield, join, circuit and landing was, in the signatory's opinion, inconsistent with operating the aircraft in a safe or responsible manner, please describe what happened at Section 7 of this form. If the departure procedure raises any concerns, the student's training organisation at the base aerodrome should be notified.
Name:
Position: (refer to Note 2 below)
Signed: Stamp:
6. TRAINING ORGANISATION
The above cross country flight was carried out to my satisfaction.
R/F [*] /Approved Training Organisation (ATO) [*] :Approval No.:Approval No.:
Authorising Instructor's Name:
* delete as appropriate
Signature (Authorising Instructor): Name:

<u>Note 1</u>: in the case that cross-country training cannot be performed at 2 aerodromes different from the aerodrome of departure, then:

- a. In Section 3, only (c) (ii) to be completed.
- b. In section 4, Aerodrome 1 will be considered the aerodrome of the first landing after departure from base, and
- c. In section 5, Aerodrome 2 will be considered the Base aerodrome.

Note 2: to be completed by either,

- a. A Flight Instructor of Student's pilot ATO/RF, or
- b. Officer of Air Traffic service Unit

7. SAFETY CONCERN REPORT
To be completed should concern be raised by Aerodrome 1:
To be completed should concern be raised by Aerodrome 2:
To be completed by Approved Training Organisation if required:
ADDITIONAL SHEETS CAN BE USED AND ATTACHED
ADDITIONAL SHEETS CAR DE SOLD AND ATTACHED