



APPLICATION FORM FOR INITIAL ISSUE OF SINGLE OR MULTI-PILOT CLASS OR TYPE RATING – AEROPLANES (INCLUDING POWERED LIFT AIRCRAFT)

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
Cyprus DCA Ref. Number: [grid]
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
Table with 4 columns: 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. CONFIRMATION OF SKILL TEST (tick as appropriate)

I have completed a skill test for the issue of the above class or type including IR

Skill test date: Aircraft type and registration:

FSTD Identification Number:

Examiner's Name: Examiner's Number. :

Note: Applicants are advised that the licence will not be issued until the corresponding Examiner's Report Form is received

7. DECLARATION OF APPLICANT

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

8. 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"/>	
Certificate of completion of MCC training (for first multi-pilot type rating)	<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"/>	
Originals of all non-EASA licences. Photocopies are not acceptable	<input type="checkbox"/>	
Course Completion Certificate.	<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"/>	

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