



## APPLICATION FORM FOR THE VALIDATION OR EXTENSION OF VALIDATION OF A THIRD COUNTRY LICENCE UNDER ANNEX III OF THE EASA AIRCREW REGULATION

Please read the Guidance Notes at Section 12 before completing this form

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 diffe	rent from above):		
2. MEDICAL FITNESS			
Class of Medical Certificate held	Date of last Medical	Date of Expiry	DCA Use Only
3. DETAILS OF OPERATING (	COMPANY/EMPLOYE	ER (Commercial Activitie	s only)
Name of Operating Common // First	Nor.		
Name of Operating Company/Emplo	yer:		
Address:			
Telephone Number:		E-mail:	

4. VALIDATION REQU	JIREMENTS (Con	nmercial Activities only)	)	
Capacity in which flig	ht crew member	will be employed:		
P1 (Pilot in Command)		P2 (Co-pilot)		
Activity for which validate	ation is required:			
Acceptance flight		Ferry flight		
Commercial Air Transport		Initial line flying		
Delivery flight		Test flight		
Demonstration flight		Instructional flight		
Display flight		Other commercial activity		
Description of other comm	ercial activity:			
Privileges applied for (A	Aeroplanes):			
Commercial air transport in multi-pilot aeroplanes as PIC				
Commercial air transport in multi-pilot aeroplanes as co-pilot				
Commercial air transport ir	n single-pilot aeroplar	nes as PIC		
Commercial air transport ir	n single-pilot aeroplar	nes as co-pilot		
Exercise of privileges in ae	roplanes in operation	s other than commercial air tr	ransport	
Privileges applied for (I	Helicopters):			
Commercial air transport ir	n multi-pilot helicopte	rs as PIC in VFR and IFR oper	rations	
Commercial air transport ir	n multi-pilot helicopte	rs as PIC in VFR operations		
Commercial air transport ir	n multi-pilot helicopte	rs as co-pilot in VFR and IFR	operations	
Commercial air transport ir	n multi-pilot helicopte	rs as co-pilot in VFR operation	าร	
Commercial air transport ir	n single-pilot helicopte	ers as PIC		
Exercise of privileges in he	licopters in operation	s other than commercial air tr	ransport	
Description of other comm	ercial activity:			
End date for validation (if I	ess than 12 months)	:	(dd/mm/	/уууу)*
*The issue date for the val	lidation will be taken	from the date of completion o	of the skill tes	t

5. PARTICULARS OF N	ON-EU LICENCE				
	Country of Issue				
	Type of Licence				
	Licence number				
Licence to be validated	Date of issue				
	Date of expiry				
	Date of last medical exami	ination			
	Limitations or endorsemen	ts			
Radio Telephony Operator's Licence	Licence Number				
Instrument Rating	Date of issue				
mstrument kating	Date of last check				
6. FLIGHT EXPERIENCE	E				
				Aeroplanes	Helicopters
		Total as pilot in	n command	· ·	
All applicants		Total as co-pile			
	Total flying experience				
		Aircraft Type	Aircraft Type		
		Pilot in command (PIC)			
	Total Single   Multi	PIC in precedir	DIC in proceeding 12 months		
	Pilot experience	PIC in preceding 12 months			
Commercial Air Transport Operations		Co-pilot	Co-pilot		
		- Filet			
		Co-pilot in preceding 12			
	*Tick as applicable	months			
	Total hour of seaplane ope	eration		-	
				Aeroplanes (other than TMG)	Helicopters
	Total flying experience	PIC			
	Total flying experience	Co-pilot			
Other Commercial Activities Hours in activity required					
	Hours in activity required i	n preceding 12 n	nonths		
			Total		
DCA Use Only:					

Language Date Level Pass Examiner's Name & Signature Reference Number
Yes 🔲
No D
The above examinations were completed at(Test location)
8. CONFIRMATION OF SKILL TEST
I certify that (name)
Aeroplane
I further certify that the applicant has demonstrated to me a satisfactory knowledge of the parts of Part-OPS and Part-FCL relevant to the privileges applied for.
Examiner's Name: Examiner's Number. ;
Authorising Competent Authority:
Note: Examiners are reminded that they must complete the Examiner's Report Form and submit this to the Licensing Department within 14 working days from the skill test Applicants are advised that the licence will not be issued until the corresponding Examiner's Report Form is received  PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1
9. CONFIRMATION OF THEORETICAL KNOWLEDGE (non-commercial activities only)
I certify that (name)
All candidates Instrument Rating privileges only
Air Law Aeronautical weather codes Performance (IR)
Human Performance  Flight Planning
Approved Training Organisation (ATO):
Competent authority issuing approval:
Head of Training's Name:
Signature (Head of Training):

10. APPLICATION FOR EXTENSION TO VALIDATION
To be completed if the application is for the extension of an existing validation certificate
I confirm that (name)
It is expected that the applicant will apply for the licence by
Approved Training Organisation (ATO):
Competent authority issuing approval:
Head of Training's Name:
Signature (Head of Training): Date:
PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1
11. DECLARATION OF APPLICANT (tick as appropriate)
I DECLARE that: (complete a., b., or c. as appropriate)
T DEOD WE WHAT COMPLETE AT ST. OF ST.
a. I live in Cyprus
_
a. I live in Cyprus
<ul> <li>a. I live in Cyprus </li> <li>b. The principal place of business of the operator I am employed by is located at:</li> </ul>
<ul> <li>a. I live in Cyprus </li> <li>b. The principal place of business of the operator I am employed by is located at: (please give address)</li> </ul>
<ul> <li>a. I live in Cyprus □</li> <li>b. The principal place of business of the operator I am employed by is located at:</li></ul>
<ul> <li>a. I live in Cyprus □</li> <li>b. The principal place of business of the operator I am employed by is located at:</li></ul>
a. I live in Cyprus   b. The principal place of business of the operator I am employed by is located at:
a. I live in Cyprus   b. The principal place of business of the operator I am employed by is located at:

## 12. GUIDANCE NOTES

- 1. The validation of flight crew licences granted by ICAO Contracting States is in accordance with the provisions of Annex III to the EASA Aircrew Regulation (Commission Regulation (EU) No. 1178/2011 of 3 November 2011 as amended) for the time being in force, and with the standard set out in paragraph 1.2.2 of Annex 1 (Personnel Licensing) 6th Edition to the Convention on International Civil Aviation. The process for the validation of flight crew licences issued by Member States of the European Union is in accordance with Annex III to the EASA Aircrew Regulation.
- 2. A third country licence may be validated for a period not exceeding 1 year provided that the basic licence remains valid. This period may only be extended once by the competent authority that issued the validation when, during the validation period, the pilot has applied, or is undergoing training, for the issuance of a licence in accordance with Part-FCL. The extension may cover the period of time necessary for the licence to be issued in accordance with Part-FCL.
- 3. Before a licence is validated, it must have the aircraft type(s) or class(es) for which the validation is required, specified in the Aircraft Rating.
- 4. Applications for a Certificate of Validation for commercial activities may be submitted via the employer/operating company whose principal place of business is in the Cyprus on behalf of the holder of a non-EU professional pilot's licence whose service they wish to utilise. Certificates of Validation, when issued, must be passed to the licence holder who should retain it with the licence to which it relates, so that both may be produced on request to a person so authorised.
- 5. A Letter of Verification is required from the Authority that issued the licence to confirm:
  - a. that the person with the specified name and date of birth holds a valid licence;
  - b. the licence held (e.g. ATPL(A), CPL(H));
  - c. that the licence complies with ICAO Annex 1;
  - d. the validity and expiry dates of the licence and the ratings included in the licence;
  - e. the validity and expiry dates of the associated Medical Certificate;
  - f. the current ICAO level of language proficiency in English;
  - g. that ICAO ATPL knowledge has been demonstrated for CPL holders wishing to obtain a validation for commercial air transport in multi-pilot aeroplanes/helicopters as co-pilot.
- 6. Evidence of experience (certified by the operator if applicable.) This does not apply to airships and specific tasks of limited duration.

## 13. SUBMISSION INSTRUCTIONS

Send the completed application to:

The Licensing Officer
Ministry of Communications & Works
Department of Civil Aviation
Nicosia, Cyprus

Please note that failure to provide all the necessary documentation may lead to a delay in processing the application.

To apply for the grant of a LAPL(A) or PPL(A) the following additional information is required to be provided:

- 1. Examiner's Report form;
- Valid Medical Certificate issued in accordance with Part-MED (Validity date must be sufficient to cover the anticipated certificate issue date);
- 3. Evidence of identity. (Current passport, Birth Certificate or Cyprus Identity card);
- 4. Actual flying logbooks, which must be certified at the last appropriate entry by the Head of Training /CFI;
- 5. Originals of all non-EASA licences. Photocopies are not acceptable;
- 6. Letter of verification from the Authority that issued the licence (see Guidance Note 5 above)

Additionally, if training and/or testing has taken place outside of Cyprus:

- 7. Copy of Part-ORA Approved Training Organisation approval certificate;
- 8. Copy of Examiner's approval certificate and licence