



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

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 for residency or establishment:	
Telephone:	Mobile telephone:
e-mail:	
Address for Correspondence (if different from above):	

2. MEDICAL FITNESS			
a. Details of Medical Certificate issued by State of License Issue (SOLI)			
Class of Medical Certificate held	Date of last Medical	Date of Expiry	DCA Use Only
b. Details of Medical Certificate issued by Cyprus or other EASA State			
Class of Medical Certificate held	Date of last Medical	Date of Expiry	DCA Use Only

3. DETAILS OF OPERATING COMPANY/EMPLOYER (Commercial Activities only)

Name of Operating Company/Employer:

Address:

Telephone Number: E-mail:

Operator AOC Number:

3. AIRCRAFT DETAILS

Aircraft Registration: 5B- Aircraft Type (make/model/mark):

Registered Owner(s) – Name/Address:

Telephone Number: Postcode:

(Note: If validation for a fleet of aircraft is proposed, please list aircraft details on a separate sheet.)

4. BASIS ON WHICH APPLICATION FOR VALIDATION IS MADE TO CYPRUS DCA

<p>4.1 I am applying to the DCA as competent authority of the Member State where I reside or am established. <i>(Note: Residency or establishment is taken to mean the place (detailed at Section 1 of this form) where a person usually lives for at least 185 days in each calendar year. Documentary evidence of residency or establishment must be attached - refer to GUIDANCE NOTES as regards what documents may be accepted as proof of residency or establishment.)</i></p>	<input type="checkbox"/>
<p>4.2 I am not residing in Cyprus or in the territory of an EASA Member State and I am applying to the DCA as competent authority of the Member State where the operator for which I am flying or intend to fly has its principal place of business. <i>(Note: Operator details and/or employment contracts must be filed at Section 2 of this form.)</i></p>	<input type="checkbox"/>
<p>4.3 I am not residing in Cyprus or in the territory of an EASA Member State and the operator for which I am flying or intend to fly does not have its principal place of business in an EASA Member State. I am applying to the DCA as competent authority of the Member State in which the aircraft in which I am flying or intend to fly is registered. My flights will remain within the territory of the EASA Member States. <i>(Note: Aircraft details must be filed at Section 3 of this form.)</i></p>	<input type="checkbox"/>
<p>4.4 None of the reasons detailed in sections 4.1 – 4.3 above are applicable. I apply for “Short Duration Task” validation under paragraphs 6 or 7 or 8 Section A, Annex III of EU Reg. No. 1178/2011 - details in attached letter. (Note: Validation application under this Section accepted for Cyprus-registered aircraft only)</p>	<input type="checkbox"/>

5. PARTICULARS OF NON-EU LICENCE

Licence to be validated	Country of Issue	
	Type of Licence	
	Licence number	
	Date of issue	
	Date of expiry	
	Date of last medical examination	
	Limitations or endorsements	
Radio Telephony Operator’s Licence	Licence Number	
Instrument Rating	Date of issue	
	Date of last check	

Note 1: If applying for extension of an existing validation certificate, proceed to Section 12

6. VALIDATION REQUIREMENTS (Commercial Activities only)			
Capacity in which flight crew member will be employed:			
P1 (Pilot in Command)	<input type="checkbox"/>	P2 (Co-pilot)	<input type="checkbox"/>
Activity for which validation is required:			
Acceptance flight	<input type="checkbox"/>	Ferry flight	<input type="checkbox"/>
Commercial Air Transport	<input type="checkbox"/>	Initial line flying	<input type="checkbox"/>
Delivery flight	<input type="checkbox"/>	Test flight	<input type="checkbox"/>
Demonstration flight	<input type="checkbox"/>	Instructional flight	<input type="checkbox"/>
Display flight	<input type="checkbox"/>	Other commercial activity	<input type="checkbox"/>
Description of other commercial activity:			
.....			
Privileges applied for (Aeroplanes):			
Commercial air transport in multi-pilot aeroplanes as PIC			<input type="checkbox"/>
Commercial air transport in multi-pilot aeroplanes as co-pilot			<input type="checkbox"/>
Commercial air transport in single-pilot aeroplanes as PIC			<input type="checkbox"/>
Commercial air transport in single-pilot aeroplanes as co-pilot			<input type="checkbox"/>
Exercise of privileges in aeroplanes in operations other than commercial air transport			<input type="checkbox"/>
Privileges applied for (Helicopters):			
Commercial air transport in multi-pilot helicopters as PIC in VFR and IFR operations			<input type="checkbox"/>
Commercial air transport in multi-pilot helicopters as PIC in VFR operations			<input type="checkbox"/>
Commercial air transport in multi-pilot helicopters as co-pilot in VFR and IFR operations			<input type="checkbox"/>
Commercial air transport in multi-pilot helicopters as co-pilot in VFR operations			<input type="checkbox"/>
Commercial air transport in single-pilot helicopters as PIC			<input type="checkbox"/>
Exercise of privileges in helicopters in operations other than commercial air transport			<input type="checkbox"/>
Description of other commercial activity:			
.....			
End date for validation (if less than 12 months): (dd/mm/yyyy)*			
*The issue date for the validation will be taken from the date of completion of the skill test			

7. FLIGHT EXPERIENCE				
			Aeroplanes	Helicopters
All applicants	Total flying experience	Total as pilot in command		
		Total as co-pilot		
		Aircraft Type		
Commercial Air Transport Operations	Total Single <input type="checkbox"/> Multi <input type="checkbox"/> Pilot experience *Tick as applicable	Pilot in command (PIC)		
		PIC in preceding 12 months		
		Co-pilot		
		Co-pilot in preceding 12 months		
	Total hour of seaplane operation			
			Aeroplanes (other than TMG)	Helicopters
Other Commercial Activities	Total flying experience	PIC		
		Co-pilot		
	Hours in activity required			
	Hours in activity required in preceding 12 months			
		Total		
DCA Use Only:				

8. LANGUAGE PROFICIENCY						
Language	Date	Level	Pass		Examiner's Name & Signature	Reference Number
			Yes	<input type="checkbox"/>		
			No	<input type="checkbox"/>		
The above examinations were completed at(Test location)						

9. CONFIRMATION OF SKILL TEST

I certify that (name) has satisfactorily completed as a skill test the class/type revalidation requirements of Part-FCL relevant to the privileges of a PPL CPL ATPL and ,in the case of non-commercial activities with an instrument rating, the skill test for the IR in the following aircraft category:

Aeroplane Airship Balloon Helicopter

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:Date of Examiner's Briefing (if applicable):

Signature (Examiner): Date:

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

10. ATPL THEORETICAL KNOWLEDGE (to be completed by CPL/IR-holders flying MP(A)/MP(H), if applicable)

State under whose authority ATPL exams were passed	Date of final ATPL examination pass	Date when First Instrument Rating was obtained

11. CONFIRMATION OF THEORETICAL KNOWLEDGE (non-commercial activities only)

I certify that (name) has demonstrated a level of knowledge appropriate to the holder of a PPL in the following subjects:

All candidates	Instrument Rating privileges only
Air Law <input type="checkbox"/>	Aeronautical weather codes <input type="checkbox"/> Performance (IR) <input type="checkbox"/>
Human Performance <input type="checkbox"/>	Flight Planning <input type="checkbox"/>

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

Competent authority issuing approval:

Head of Training's Name:

Signature (Head of Training): Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

12. APPLICATION FOR EXTENSION TO VALIDATION

To be completed if the application is for the extension of an existing validation certificate

I confirm that (name) has commenced a course of training towards the issue of a Part-FCL CPL ATPL IR

It is expected that the applicant will apply for the licence by (dd/mm/yyyy). The applicant is requesting an extension to the above validation in accordance with the terms set out in Annex III to Commission Regulation (EU) No. 1178/2011 as amended.

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

Competent authority issuing approval:

Head of Training's Name:

Signature (Head of Training): Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

13. DECLARATION OF APPLICANT (tick as appropriate)

I DECLARE that:

- a. I do not hold an EU Part-FCL flight crew licence issued by another EASA Member State at present;
- b. I do not hold now and have not held since 08 April, 2013 a flight crew licence validation issued by another EASA Member State (Note: This does not apply to applicants under section 4.4 of this form for "Short Duration Task" validations)
- c. I have not applied for a flight crew licence or validation in another EASA Member State before or while making this application (Note: This does not apply to applicants under section 4.4 of this form for "Short Duration Task" validations)
- d. I have never held a flight crew licence or medical certificate, issued by any other country, which was revoked, restricted, suspended or subject to enforcement action.
- e. I hereby declare that the information given in this form is true and correct to the best of my knowledge and belief
- f. I hereby declare that I understand that I may be validated for a maximum period of one (1) year and that this period may only be extended by the DCA when, before the end of the validation period, I have applied for or I am undergoing training for the issuance of a licence in accordance with EU Part-FCL. I also understand that I may only be validated for a further period of a maximum of 18 months to allow me to pass the EU Part-FCL Theoretical Knowledge examinations and/or Skill Tests.
- g. I hereby give permission to the DCA to apply for written verification of my pilot licence and medical certificate from the issuing Authority Examiner and to make such enquiries as may be required to establish that any detail submitted by me in this application is correct and true.
- h. I hereby give permission to the DCA to circulate details of my pilot licence, medical certificate, this validation application and any validation which may be subsequently issued to all EASA Member States and to make such enquiries of those States as may be required to establish that any detail submitted by me in this application is correct and true and to retain my details in an Irish, EU or EASA database for such period as may be required
- i. I have read and understood the Part-FCL and EU-OPS, or Part-OPS (as applicable) implementing rules relevant to my licence and the proposed operations
- j. I Hold a valid Class 1 Medical Certificate issued in accordance with EU Part- Medical - Copy is attached. (not for "Short Duration Task" validations).

Applicant's Signature: 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

	Tick submitted documents	DCA Use only
Examiner's Report form	<input type="checkbox"/>	
Copy of a valid ICAO Class 1 (for commercial activities) or Class 2 (for non-commercial activities) Medical Certificate.	<input type="checkbox"/>	
Copy of a valid EASA Part-MED Class 1 Medical Certificate. 1 (for commercial activities only).	<input type="checkbox"/>	
Evidence of identity. (Current passport, Birth Certificate or Cyprus Identity card);	<input type="checkbox"/>	
Actual flying logbooks, which must be verified by applicant's NAA or operator	<input type="checkbox"/>	
Originals of all non-EASA licences. Photocopies are not acceptable	<input type="checkbox"/>	
Theoretical Knowledge Examination Certificates (if applicable)	<input type="checkbox"/>	
Copy of Language Proficiency Certificate	<input type="checkbox"/>	
Payment Form	<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.

Note:

Guidance for Certification of Original Documents

The following people can act as 'certifiers':

- Head of Training or Compliance Manager of Approved Training Organisation.

Instructions for the certifier of your original documents are as follows:

1. Insert on the copy to be enclosed with the application: 'I have seen the original document and I certify that this is a complete and accurate copy of the original'.
2. Insert signature and date.
3. Certifier's name must be printed in block capitals.
4. Must include position or capacity, e.g. Head of Training

15. 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.
7. Documentary evidence which may be required to prove residency or establishment in the State -
 - The acquisition/use of property in the State (e.g. rent agreements, mortgage documents, rent/mortgage payments etc.);
 - Transactions carried out in the course of day to day living (bank statements/transaction documents, bills/receipts for electricity, phone, water, service charges etc.);
 - Such other such evidence as may be requested in individual cases (above list not exhaustive).