

## FOR OFFICIAL USE

Date of receipt

**APPROVAL OF FLYING TRAINING ORGANISATION/OR REGISTRATION TO CONDUCT TRAINING FOR A PRIVATE PILOT LICENSE - APPLICATION**

Please complete the form in BLOCK CAPITALS using black or dark blue ink.

PAYMENT METHODS. Please complete and submit to DCA accounts Dept. form LIC/ACC/01

**1 ORGANISATION DETAILS (tick appropriate box(es))**

Type of Training Organisation:	FTO	<input type="checkbox"/>	RTF	<input type="checkbox"/>
Approval No.(if known) .....				
Organisation Name .....				
Address .....				
.....			Postcode	.....
Telephone Number .....		Fax Number .....		
Email address .....		Web site .....		
Owner's Address (if different from above) .....				
.....			Postcode	.....

**2. APPLICATION (tick appropriate box(es))**

I am applying for:

Initial ☐      Renewal ☐      Variation ☐

**3. OWNERSHIP CATEGORY (tick appropriate box(es))**

Private Club	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>
Educational Establishment	<input type="checkbox"/>	Other	<input type="checkbox"/>

**4. DCA USE ONLY (\*delete as appropriate)**

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Enclosures

5. TYPES OF TRAINING		
Course (*delete as appropriate)	Tick	Maximum student number capacity
Private Pilot License (A) Theoretical Knowledge		
Private Pilot License (A) (Landplane)		
Single Engine Piston Class Rating (Seaplane)		
Single Pilot Multi Engine Piston Class Rating (Landplane)		
Class Rating Instructor (A) (please specify ratings)		
FI Restricted (A) (inc* /exc* Associated Ratings) (please specify ratings)		

6. MANAGEMENT STRUCTURE (as appropriate to the course(s) offered)				
Post	Full/Part-time	Name	DCA Ref.	License(s) held
Head of Training				
Chief Flying Instructor				
Chief Ground Ground Instructor				
Chief Synthetic Flight Instructor				
Quality Manager				

7 INSTRUCTING STAFF (as appropriate to the course(s) offered, please continue on a separate sheet if required)					
a) Flight Instructors / Examiners					
Name	Full/Part-time	DCA Ref.	Name	Full/Part-time	DCA Ref.
b) Theoretical Knowledge Instructors					
Name	Full/Part-time	DCA Ref.	Name	Full/Part-time	DCA Ref.
c) Synthetic Flight Instructors/					
Name	Full/Part-time	DCA Ref.	Name	Full/Part-time	DCA Ref.
d) Supervising Flight Instructors (for PPL Instruction only)					
Name	Full/Part-time	DCA Ref.	Name	Full/Part-time	DCA Ref.

8. ACCOMMODATION (dimensioned & annotated architects/builders plans should be submitted to support the descriptions below)	
Type	Location, size, number of rooms / max. capacity
a) Details of Tenure of premises	
b) Lecture rooms / CBT rooms	
c) Briefing cubicles	
d) Head of Training's office	
e) Chief Flying Instructor's office	
f) Chief Ground Instructor's office	
g) Chief Synthetic Flight Instructor's office	
h) STD Bays	
l) Staff room(s)	
j) Operation room(s)	
k) Flight Planning room(s)	
l) Student Rest room(s)	
m) Lavatories / Wash room(s)	
n) Room(s) for administrative staff	
o) Other amenities	

9. AERODROME PARTICULARS (*delete as appropriate)	
a) Name of aerodrome and ICAO Designator	
b) Hours of operation	
c) Night flying permitted	
d) Availability and scope of Meteorology Information	
e) Air Traffic Service(s) provided	
f) Navigational Aids	

10. AIRCRAFT USED FOR TRAINING			
Please annotate with * those IFR equipped and with ** those to be used for spinning exercises			
Type	Registration	Type	Registration

**11 SYNTHETIC FLIGHT TRAINING**

Manufacturer	Operator	Serial Number / Approval Number	Level (FNPT 1, FNPT 2, BITD or Simulator ABCD)	Aircraft represented (FNPT only)	Number of hours	Number of sessions

**12. GROUND INSTRUCTION EQUIPMENT (\*delete as appropriate)**

Types of training equipment e.g. model aircraft, overhead projector, sectioned instruments, taped pattern of air exercises	
Availability of Reference Publications	Electronic format*/ hard copy*

**13. PAYMENT METHODS**

Please complete and submit form LIC/ACC/01 as per instructions on first page

**14. DECLARATION OF APPLICANT**

I declare that the information provided in this form is correct and that all the above named persons are in compliance with JAR-FCL  
I will notify the DCA of all changes to the information provided

Signature ..... Date.....

Name (block capitals) ..... Position .....

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, license, approval, permission or other document. Persons doing so render themselves liable to the relevant law.

**15. SUBMISSION INSTRUCTIONS**

Completed application forms should be sent to:

Department of Civil Aviation, Licensing Section, 27 Pindarou Street, 1060 Nicosia, Cyprus: