



APPLICATION FOR THE GRANT OF A STUDENT PILOT LICENCE

**FOR AEROPLANE, HELICOPTER,
MICROLIGHT, GYROPLANE OR BALLOON**



IRISH AVIATION AUTHORITY

Notes on Completion of Application Form

Personal Details

You should not give a Club, School, Hotel or similar address as your permanent address unless it is your permanent residence.

Medical Examination

You must undergo an initial medical examination for the grant of a Student Pilot's Licence with an Aeromedical Examiner authorised by the Irish Aviation Authority to conduct either Class 1 or Class 2 JAR-FCL medical examinations. A copy of the Medical Certificate issued must be attached to this application form.

Required Information

Please return this application form along with (a) a copy of your current JAA Class 1 or Class 2 Medical Certificate and (b) the appropriate issue fee to:

Personnel Licensing Office
Irish Aviation Authority
Aviation House
Hawkins Street
Dublin 2

Payment Details

The following method of payment is enclosed:

- Mastercard Visa Laser
 Cheque Postal Order Other (please state)

- DO NOT SEND CASH -

Please make cheques payable to 'Irish Aviation Authority'

Credit/Laser card Details

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date _____ / _____ / _____

Name of Card holder _____

(as stated on the card)

Signature of Card holder _____

For IAA use only

Cheque Laser

Visa MasterCard

PO Other

Amount € _____

Received by _____ Date _____



Application for: Aeroplane Helicopter Other (please specify) _____

Part 1 - Personal Details Please complete this form in Block Capitals

(Important - please read notes carefully before completing form - incorrect or incomplete applications may be returned)

1. Full Name of Applicant

(Please state Mr., Ms., etc.)

2. Permanent Address

3. Postal Address

(If different from above)

4. (a) Telephone Nos. (Home)

(b) (Business)

(c) (Mobile)

(d) E-mail address

5. (a) Date of Birth

DAY	MTH	YEAR
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(b) Place of Birth

(City and Country)

6. Nationality

(If dual nationality, please give both.)

7. IAA reference no. (If granted, e.g. for exam purposes) _____

Part 2 - Flight Training Details

1. Name of Registered Training Facility (RTF) / Flight Training Organisation (FTO)

Part 3 - Medical Examination

1. Date of Medical Examination

2. Expiry date of Medical Examination

3. Class of Medical Examination (i.e. Class 1 or 2)

(Note: A copy of the JAR-FCL Medical Certificate Class 1 or 2 must be attached to the application.)

4. Medical Certificate Serial Number (note: this serial number is located on the medical certificate)

5. Name/Address of Medical Examiner

Part 4 - Declaration and Signature

I hereby declare that the above particulars are true in every respect.

Article 34 of the Air Navigation (Personnel Licensing) Order, 2000, S.I. No. 333 reads;

A person shall not make, procure to be made, or assist in making any false representations for the purpose of procuring for any reason the issue, validation, extension or re-issue of a licence or the issue, renewal, or revalidation of a rating, authorisation or certificate required by this Order or the applicable Joint Aviation Requirements, whether for that person or any other person.

Signature of Applicant:

Date:
