

Form. No. RPPL-F-120

AMDT No. 5

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Issue Date: 13/02/2024

APPLICATION FOR VERIFICATION OF A LICENCE

Please complete the form in BLOCK CAPITALS having read the guidance notes attached to this form.

1. PERSONAL DETAIL	S			
Surname		. First Name(s)		
Title (Mr. / Mrs. / Ms etc.)		Date of Birth (dd/mm/yyyy)		
Nationality		Place of Birth (Town)	(Country)	
Permanent address				
		Postcode		
Contact Tel. No.		Mobile Tel. No.		
E-mail address		. Fax Number		
Address for correspondence	e (if different from above)			
		Postcode		
2. DETAILS OF IAA ISSUED LICENCE(S) TO BE VERIFIED				
Towns of the same	0-4	Linear No.	Francisco de te	
Type of Licence (e.g. SPL, PPL, CPL, ATPL,	Category of Licence (e.g. Aeroplane, Helicopter, B1, B2 etc.)	Licence No.	Expiry date	
AME, ATC etc.)				

3. IAA SUMMARY PRIVACY NOTICE

How will we use your information?

The information you provide to us via this form will be used to enable us to carry out our regulatory duties including processing your request for the issue of a licence, the administration, maintenance and verification of subsequent licences/certificates and for enforcement purposes. We will not disclose any of your information to any organisation without your explicit consent, except where we are obliged to do so under relevant EU and Irish legislation, or to comply with law enforcement agencies.

Where can you find out more?

To find out more about how the IAA respects your privacy, please read our detailed privacy notice at https://www.iaa.ie/home/footertools/privacy or contact our Data Protection Officer at dataprotection@iaa.ie, or write to Data Protection Officer, Irish Aviation Authority, The Times Building, 11-12 D'Olier Street, Dublin 2, D02 T449.



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4. CONSENT TO RELEASE INFORMATION				
Part 1 - Agreement for release of information to an Aviation Authority Tick if app	licable 🗌			
I hereby consent to the disclosure by the Irish Aviation Authority (IAA) to theAvia	ation Authority /			
Administration of details associated with the above Irish issued licence(s) as requested by that Authority				
Signature: Date:				
Part 2 - Agreement for release of information to a Company or Airline Tick if app I hereby consent to the disclosure by the Irish Aviation Authority (IAA) of details associated with the above Irish				
Company / Airline Name:				
Address:				
Email:				
Signature: Date:				
NOTE: No verification can be issued until the Authority/Company applies directly to the IAA for the verification. This application provides your permission to release the information if requested.				
Completion and submission of this form does not commence the verifica	tion process.			
If you seeking to transfer your Flight Crew or Air Traffic Controller Licence to another EASA member state, then you must also complete Form RPPL.F.120c – Request to Transfer Medical Records				
5. APPLICANT'S DECLARATION				
I hereby declare that the information given in this form is true and correct to the best of my knowledge and be I understand that this application does not initiate a verification request or a transfer of medical records but prelease the information to the Authority / Administration or Company seeking it.				
Signature: Date:				

Note: It is an offence for a person to 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, whether for that person or any other person.



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GUIDANCE NOTES, PAYMENT FORM & SUBMISSION INSTRUCTIONS

Guidance Notes

All sections of the application form must be completed by the applicant personally.

In order for the IAA to process your application as quickly as possible, it is important that you complete the application form correctly. Please complete the form in conjunction with the following guidance notes.

Section 1 - Personal Details

The permanent address is what will be provided for licence verification purposes (provided it matches our records)

Section 2 - Details of Licence to be Verified

Please enter details of the flight crew licence to be re-issued.

Section 4 – Consent to release information

Only select one option here and provide the full detail requested. Failure to do so may delay or prevent the verification process.

Section 5 - Applicant's Declaration

This section must be completed by the applicant after reviewing all information entered on the application form.

NOTE: Applicants should allow plenty of time for a licence verification process. The IAA cannot provide detail of the verification progression of another state.

This form DOES NOT initiate a transfer of medical records. Please also submit form RPPL.F.120c – Request to Transfer Medical Records

Medical Records
SUBMISSION INSTRUCTIONS
Send your completed application form to:
Personnel Licensing Office, Irish Aviation Authority, The Times Building, 11-12 D'Olier Street, Dublin 2, Ireland (licensing@iaa.ie)
Please enclose the following: -
Completed payment form
PAYMENT FORM
The current fee for the verification of a Licence can be found in the current Fees Schedule I am paying by: -
Debit Card Credit Card

- PLEASE DO NOT SEND CASH -

Please note that we do not accept AMERICAN EXPRESS or DINERS CARD.

If paying by credit or debit card, please complete the information required below (in block capitals). **Note:** All credit card details are destroyed upon completion of the transaction. If you would prefer to give card details over the telephone, please call us on +353 1 603 1109 ensuring that you have all of the information required below to hand.

Name of Card holder (as state	d on the card)	
Card Number		
Valid from:	/ Expiry Date:/	
Security Code (last 3 digits on signature strip on reverse of card):		
Address of Card holder, if different from applicant		