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Issue Date: 08/07/2021

APPLICATION FOR THE ISSUE OF A FLIGHT INSTRUCTOR CERTIFICATE OR AN ASSESSOR AUTHORISATION FOR POWERED PARAGLIDER AIRCRAFT

This application form should be used <u>only</u> for the application of a licence as a pilot of power paraglider aircraft as provided in Aeronautical Notice P35.

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

1. PERSONAL DETAILS								
IAA Reference No. (if known)								
Surname First Name(s)								
Title (Mr / Mrs / Ms etc)				e of B	Sirth (dd/mm/yyyy)			
Nationality			Plac	e of E	Birth (Town)	(Co	untry)	
Permanent address								
Contact Tel. No	Contact Tel. No							
E-mail address			Fax	Num	ber			
Address for corresp	ondence (i	f differen	t from above)					
			Post	tcode	·			
2 DETAILS OF I	ΔΔ ΕΙ ΡΔ	LICEN	CE / QUALIFICATION HELD	)				
Z. DETAILO OF I		LIOLI	OL / GOALII IOATION TILLE					
1. 10 110 11			ategory of Licence/Qualification  Foot Launched Powered Aeroplane)		Licence/Qualification No.		Expiry Date	
3. EASA MEDICA	AL CERT	IFICATE	(See Guidance Notes)	1				
State of Issue	State of Issue Class (1 or 2 or LAPL)				AME Name, Medical Centre & City		Limitations / Endorsements (if applicable)	
	L							
4. ENGLISH LAN	IGUAGE	PROFIC	CIENCY (ELP) (See Guidance N	Notes	)			
Date of ELP Assessment			Level achieved		Name of Examiner		Examiner Number	
5. APPLICATION (tick as appropriate – only one)								
I am a applying to hold a;								
Class I Flight Instructor (PPG); Class I Flight Instructor (PPG)								
National Flight Assessor – PPG (FA(PPG)): (requires applicant to hold a Class I Flight Instructor (PPG))								
- Talional Figure 7,0000001 11 0 (17)(11 0)). Troquires applicant to fiold a oldoof 1 light fristration (11 0))								



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# 5a. APPLICATION - CLASS II FLIGHT INSTRUCTOR (PPG) CERTIFICATE;

I am applying to hold an IAA CLASS II FLIGHT INSTRUCTOR (PPG).					
I am the of the holder of an unrestricted PPL(PPG) in accordance with Aeronautical Notice No. P.35 (as amended). I meet all the requirements and certification procedures of the Irish Aviation Authority (Personnel Licensing) Order, S.I. No. 333 of 2000 (as amended)					
I hold a valid medical issued by the IAA as per details provided in Section 3.					
I have demonstrated an English language proficiency level of at least ICAO Level 4 as per details prov	vided in Section 4.				
I have completed at least 200 flights in PPG aeroplanes					
I have completed at 100 flights as PIC of a PPG					
I have successfully passed a course of training in flight instruction in a declared national flight training	organisation				
I have successfully completed the flight skill tests equivalent in content to the applicable requirements of sub-part J of PART-FCL					
IAA Declared National PPG Flight Training Organisation: Registration N	Number				
HoT or CFI: Name: Licence Number					
Applicant declaration: I declare that the information given in this form is true and correct to the best of my knowledge and belief.  Name	Declared National PPG Flight Training Organisation				
Signed: Date:	Stamp or HoT / CFI Signature				
5b. APPLICATION - CLASS I FLIGHT INSTRUCTOR (PPG) CERTIFICATE.					
I am applying to hold an IAA CLASS I FLIGHT INSTRUCTOR (PPG).					
I am the of the holder of an unrestricted PPL(PPG) and have met, to the satisfaction of the Authority, at least the experience requirements for the issue of the Class II flight instructor (PPG) rating in accordance with Aeronautical Notice No. P.35 (as amended). I meet all the requirements and certification procedures of the Irish Aviation Authority (Personnel Licensing) Order, S.I. No. 333 of 2000 (as amended)					
I hold a valid medical issued by the IAA as per details provided in Section 3.					
I have demonstrated an English language proficiency level of at least ICAO Level 4 as per details provided in Section 4.					
I have completed at least 300 flights as a pilot of a PPG;					
I have completed at least 50 separate exercises of flight instruction including the supervision of 25 student solo flights					
I hold a recommendation from a supervising Class 1 Flight Instructor (PPG)					
I have successfully completed the flight skill tests equivalent in content to the applicable requirements of sub-part J of PART-FCL					
Class 1 Flight Instructor (PPG): Name: Licence Number					
<b>Applicant declaration:</b> I declare that the information given in this form is true and correct to the best of my knowledge and belief.	Class 1 Flight Instructor				
Name	(PPG) Stamp or Signature				
Signed: Date:					



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# 5c. APPLICATION - NATIONAL FLIGHT ASSESSOR - PPG (FA(PPG))

I am applying to hold an IAA NATIONAL FLIGHT ASSESSOR - PPG (FA(PPG)) AUTHORISATION.						
I have met, to the satisfaction of the Authority, at least the experience requirements for the issue of the Class I flight instructor (PPG) rating in accordance with Aeronautical Notice No. P.35 (as amended) I meet all the requirements and certification procedures of the Irish Aviation Authority (Personnel Licensing) Order, S.I. No. 333 of 2000 (as amended).						
hold a valid med	hold a valid medical issued by the IAA as per details provided in Section 3.					
have demonstra	ated an English langua	ge proficiency level of at	least ICAO Level 4 as per details provid	ed in Section 4.		
I have complete	ed at least 500 flights a	s a pilot of a PPG;				
I have complete	ed at least 50 separate	exercises of flight instruc	tion including the supervision of 25 stud	ent solo flights		
I hold a Class 1	Flight Instructor (PPG	) certificate				
I have successfully undertaken an assessment of competence performed by or on behalf of the Authority based on the principles of sub-part K of Part-FCL in order to determine my ability to assess a student pilot to the level required for the issue of an PPL(PPG)						
National Flight Asses	sor – PPG (FA(PPG))	: Name:	Authorisation Number	er		
Applicant declaration	n:					
I declare that the info	rmation given in this fo	orm is true and correct to t	the best of my knowledge and belief.	National Flight Assessor – PPG (FA(PPG)) Stamp or		
Name				Signature		
Signed:		Date:				
6. INSURANCE	(Please provide detai	of insurance held to fly FL	_PAs			
State of Issue	Date of Issue	Expiry Date	Insurer	Policy No.		
7. APPLICANT'S I	DECLARATION					
I hereby declare that the information given in this form is true and correct to the best of my knowledge and belief. I also hereby attest that I have familiarised myself with Irish aviation law and will adhere to the requirements detailed in Irish Air law and to directions issued by the IAA. I have not been refused or had any licence or certificate revoked or suspended by the IAA in the past.						
I understand that the certificate/authorisation granted will be restricted to Glass "G" Airspace only and will prohibit flight above 5,000 ft. AMSL or in Controlled Airspace or at night or carrying a passenger (unless I hold an instructor certificate for FLPA). It will also prohibit flight or over a town or built-up area or any open-air assembly of people at any height. I hereby make application for the issue of an Irish licence as a pilot of powered paraglider aircraft.						
Applicant's Signature			Date			
<b>Note:</b> It is an offence under Article 34 of the IAA (Personnel Licensing) Order 2000 (S.I. 333 of 2000) 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 required by the Order, or the applicable EASA Regulation, whether for that person or any other person.						



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## 8. 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 application for the issuing of the certificate being requested, the administration and maintenance of subsequent authorisation 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/footer-tools/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.

#### **GUIDANCE NOTES, PAYMENT FORM & SUBMISSION INSTRUCTIONS**

### **Guidance Notes**

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

Details of where to send your application, including a checklist for the required supporting documentation can be found under 'Submission Instructions' at the end of this form.

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

Please ensure that your First Name(s) are entered **exactly** as per the 'evidence of identity' document that you submit with your application - see Submission instructions at the end of this form.

The permanent address will be entered on your exemption, and will also be the address to which the exemption will be sent. If you want the exemption sent to an alternative address, please enter the details under 'correspondence address'.

### Section 2 - Details of IAA FLPA Licence / Qualification Held

Please enter details of the FLPA licence/qualification held.

### Section 3 - Medical Certificate

Please enter details of your valid PART-FCL Class 1 or Class 2 Medical Certificate.

#### Section 4 - English Language Proficiency (ELP)

Please enter details of your valid ELP level - minimum level acceptable for exercising privileges solo or as PIC is Operational Level (4).

# Section 5 - Application

Please indicate the FLPA rating(s) for which you are applying. If you are not sure which one you may qualify for please contact the IAA.

#### 5a. Application - Class II Flight Instructor (PPG) Certificate;

When applying for a Class II Flight Instructor (PPG) Certificate; you must be the holder of an unrestricted PPL(PPG) in accordance with Aeronautical Notice No. P.35 (as amended). Complete the declaration statement by ticking the compliance items and signing the declaration.

Provide the details of the declared training organisation and the details of the HoT or CFI and licence number. Ensure all copies and attachments listed in the submission instructions are provide with your submission.

### 5b. Application - Class I Flight Instructor (PPG) Certificate;



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When applying for a Class I Flight Instructor (PPG) Certificate; you must be the holder of an unrestricted PPL(PPG) in accordance with Aeronautical Notice No. P.35 (as amended). Complete the declaration statement by ticking the compliance items and signing the declaration.

You require a recommendation from a Class I Flight Instructor (PPG)

Provide the details of the Class 1 Flight Instructor (PPG) and licence number. Ensure all copies and attachments listed in the submission instructions are provide with your submission.

## 5c. Application - National Flight Assessor - PPG (FA(PPG));

When applying for a National Flight Assessor – PPG (FA(PPG)) authorisation; you must be the holder of an unrestricted PPL(PPG) in accordance with Aeronautical Notice No. P.35 (as amended) and meet all the requirements and certification procedures of the Irish Aviation Authority (Personnel Licensing) Order, S.I. No. 333 of 2000 (as amended). Complete the declaration statement by ticking the compliance items and signing the declaration.

Provide the details of the National Flight Assessor – PPG (FA(PPG)) and licence number. Ensure all copies and attachments listed in the submission instructions are provide with your submission.

#### Section 6 - Insurance

Please provide details of insurance held.

### Section 7 - Applicant's Declaration

Evidence of Insurance

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

SUE	BMISSION INSTRUCTIONS (see Guidance Notes)
Sen	d your completed application form to:
Pers	sonnel Licensing Office, Irish Aviation Authority, The Times Building, 11-12 D'Olier Street, Dublin 2, Ireland.
Plea	ase enclose the following: -
	Attach a copy of your valid medical issued by the IAA
	Attach a copy of your certified log book pages showing minimum required hours
	Attach a copy of the flight instruction course completion certificate
	Attach a copy of the declared National Flight Training Organisation certificate (for CLASS II FLIGHT INSTRUCTOR (PPG) applications)
	Attach a copy of the flight skill test equivalent in content to the applicable requirements of sub-part J of PART-FCL
	Attach a copy of the recommendation from a supervising Class 1 Flight Instructor (for CLASS I FLIGHT INSTRUCTOR (PPG) applications)
	Attach a copy of your Class 1 Flight Instructor (PPG) certificate (PPG) (for NATIONAL FLIGHT ASSESSOR – PPG (FA(PPG) applications)
	Attach a copy of the assessment of competence performed by or on behalf of the Authority based on the principles of sub-part K of Part-FCL (for NATIONAL FLIGHT ASSESSOR – PPG (FA(PPG) applications)
	Attach a copy of the National Flight Assessor – PPG (FA(PPG)) authorisation, licence and medical certificate.
	Completed payment form

Please note that failure to submit all required documentation may result in the return of your application.



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PAYMENT FORM					
Full details of fees charged and	levied by the IAA are published in the <u>Irish Aviation Authority (Fees) Order</u> .				
I am paying by:-					
MASTERCARD VISA	LASER OTHER				
		(please specify)			
	- PLEASE DO NOT SEND CASH -				
Please make cheques payable t	to 'Irish Aviation Authority'.				
Please note that we do not accept AMERICAN EXPRESS or DINERS CARD.					
destroyed upon completion of th	please complete the information required below (in block capitals). <b>Note:</b> All cr ne transaction. If you would prefer to give card details over the telephone, pleas e all of the information required below to hand.				
Name of Card holder (as stated	on the card)				
Card Number					
Valid from:	/ Expiry Date:/				
Security Code (last 3 digits on si	ignature strip on reverse of card):				
Address of Card holder, if different	ent from applicant				