



Form. No. RPPL-F-124E
 AMDT No. 2.0
 Page No: 1 of 3
 Issue Date: 19/02/2024

**APPLICATION FOR THE ISSUE OF A
 NIGHT RATING
 (AEROPLANE & TMG ONLY)**

**NOTE: European Commission Regulation (EU) No. 1178/2011 as amended, requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records (Part MED.A.030 and FCL.015).
 If your medical records are not held by the IAA, your application will be rejected.**

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

1. PERSONAL DETAILS

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

Address for correspondence (if different from above)

..... Postcode

2. DETAILS OF FLIGHT CREW LICENCE(S) HELD

| State of Issue | Type of Licence (e.g. PPL or CPL) | Category of Licence (e.g. Aeroplane, Helicopter etc) | Licence No. | Expiry Date |
|----------------|--------------------------------------|---|-------------|-------------|
| | | | | |
| | | | | |

3. COURSE COMPLETION CERTIFICATE

This Certificate must be signed by the Head of Training (or nominated Deputy) of the Approved Training Organisation (ATO) that conducted the course of training.

I certify that has satisfactorily completed a course of training in accordance with FCL.810(a) for the issue of a Night Rating. The course consisted of:

| | Part-FCL qualifying hours | Hours completed | IAA use only |
|---|---------------------------------|--------------------|--------------|
| Total flight training at night | 5 | | |
| Dual instruction at night | 3 | | |
| Dual instruction in cross-country navigation at night | 1 | | |
| Dual cross-country flight of at least 50km | | Date: | |
| LAPL(A) holders only: PPL Basic instrument flight training | No min. | | |

| | Part-FCL qualifying minima | No. completed | IAA use only |
|-----------------------------|----------------------------------|------------------|--------------|
| Solo take-offs and landings | 5 | | |

Signature Date

Name (BLOCK CAPITALS) Position

Name of ATO ATO No.



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4. APPLICATION & DECLARATION

I hereby apply for the issue of a Night rating.

I declare that the information given in this form is true and correct to the best of my knowledge and belief.

Applicant's 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.

GUIDANCE NOTES, PAYMENT FORM & SUBMISSION INSTRUCTIONS

Guidance Notes

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

Section 2 – Details of Flight Crew Licence(s) held

Please enter details of the flight crew licence(s) held.

Section 3 – Course Completion Certificate

This Section must be completed by the Head of Training (or nominated Deputy) of the ATO that conducted the course of training.

Section 4 – Application & Declaration

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



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SUBMISSION INSTRUCTIONS

Please note that failure to complete this form fully and submit all required documentation may result in the return of your application

Send your completed application form to:

Personnel Licensing Office, Irish Aviation Authority, The Times Building, 11-12 D'Olier Street, Dublin 2, Ireland.

Please enclose the following:-

- Original flying logbook(s)
- Completed payment form

If applicable;

- Copy of ATO approval certificate (including any Appendices) **(If course is completed at a non-IAA approved ATO)**

PAYMENT FORM

Full details of fees charged and levied by the IAA can be found in the current [Fees Schedule](#).

I am paying by:-

CREDIT CARD DEBIT 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 stated 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 _____