



Form. No. RPPL-F-125E
 AMDT No. 2.0
 Page No. 1 of 3
 Issue Date: 21/05/2013

**APPLICATION FOR THE ISSUE OF A
 NIGHT RATING
 (HELICOPTER 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. FLYING EXPERIENCE

	Part-FCL qualifying hours	Hours completed	IAA use only
Total flight time as Pilot of Helicopters (after PPL(H) issue)	100		
Total flight time as Pilot-in-Command of Helicopters (after PPL(H) issue)	60		
Total cross-country flight time as Pilot of Helicopters (after PPL(H) issue)	20		

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.



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5. 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 training course.

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

	Part-FCL qualifying hours	Hours completed	IAA use only
Dual instrument instruction (simulated IMC)	10*		
Total flight training at night	5		
Dual instruction at night	3		
Dual instruction in cross-country navigation at night	1		
Theoretical knowledge instruction	5		

* reduced to 5 hours if the applicant holds, or has held, an IR(A).

	Part-FCL qualifying minima	No. completed	IAA use only
Solo night circuits (each to include a take-off & landing)	5	No.	

Course duration (max. 6 months): Start date:/...../..... Finish date:/...../.....
 Signature Date
 Name (BLOCK CAPITALS) Position
 Name of ATO ATO No.

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 – Flying Experience

Please enter details of your flying experience in the relevant sections of the table.

Section 4 – Application & Declaration

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

Section 5 – 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.



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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 your Aeroplane Licence, if credit has been given in Section 5 for holding, or having held, an IR(A).
- Copy of ATO Approval Certificate (including any appendices) **(If course is completed at a non-IAA approved ATO).**

PAYMENT FORM

The current Night Rating issue fee can be found under '[Fees for Flight Crew Licensing](#)' on the IAA website (www.iaa.ie)

Full details of fees charged and levied by the IAA are published in the [Irish Aviation Authority \(Fees\) \(No. 2\) Order](#).

I am paying by:-

- CREDIT CARD** **DEBIT CARD** **LASER** **CHEQUE** **POSTAL ORDER**

- PLEASE DO NOT SEND CASH -

Please make cheques payable to 'Irish Aviation Authority'.

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 _____