



ÚDARÁS EITLÍOCHTA NA HÉIREANN
IRISH AVIATION AUTHORITY

Form. No. RPPL-F-107E

AMDT No. 3

Page No. 1 of 5

Issue Date: 08/02/2024

**APPLICATION FOR THE ISSUE OF A
PART-FCL AIRLINE TRANSPORT
PILOT LICENCE
(HELICOPTER)**

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

If you wish your new licence to be sent by courier to the above address, tick this box (Addition charges apply for courier services and by ticking the box you agree to pay those costs.)

2. DETAILS OF FLIGHT CREW LICENCE(S) HELD

State of Issue	Type of Licence (e.g. CPL, ATPL etc)	Category of Licence (e.g. Aeroplane, Helicopter etc)	Licence No.	Expiry Date

3. APPLICATION (tick as appropriate)

I am applying for the issue of a Part-FCL ATPL(H), on the basis of;

upgrade from a Part-FCL / JAR-FCL CPL(H)

conversion of an ICAO ATPL(H)

4. CLASS 1 MEDICAL CERTIFICATE

State of Issue	Date of Medical Examination	Expiry Date of Class 1 privileges	AME Name, Medical Centre & City	Limitations / Endorsements	IAA use only



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5. FLIGHT EXPERIENCE

1. TOTAL FLIGHT TIME	Part-FCL minima (Hours)	Hours completed	IAA use only
1. Total flight time as pilot of helicopters	1000¹		
2. Flight time as pilot of multi-pilot helicopters (State Type(s) below) (Type(s).....)	350² (state types(s))		
3. Please complete only ONE of the following 3 options in this section, as applicable			
(a) Flight time as pilot-in-command (min.100 hours) and as pilot-in-command under supervision of helicopters	}250³	PIC _____	
		PICUS _____	
OR			
(b) Flight time as pilot-in-command of helicopters	250³		
OR			
(c) Flight time as pilot-in-command under supervision of helicopters	250³		
4. Cross-country flight time as pilot of helicopters	200⁴		
5. Cross-country flight time as pilot-in-command or pilot-in-command under supervision of helicopters	100⁵		
6. Instrument time on helicopters	30		
7. Night flight time as pilot-in-command or co-pilot of helicopters	100⁶		

¹ Other flight time will be credited as follows;

- as pilot of aeroplanes (max. credit 500 hrs)
- as pilot in command of touring motor gliders or gliders (max. credit 10 hrs)
- FNPT and Flight Simulator time (max. FNPT credit 25 hrs – max. combined credit 100 hrs)

² Other flight time will be credited as follows;

- as pilot of multi-pilot aeroplanes (max. credit 175 hrs) (State type(s)

³ (a) flight time as PIC and PICUS of aeroplanes will be credited up to a max. credit of 125 hrs (of which a max. of 50 hours will be credited against the min. PIC requirement)

(b) flight time as PIC of aeroplanes will be credited up to a max. credit of 125 hrs

(c) flight time as PICUS of aeroplanes will be credited up to a max. credit of 125 hrs

⁴ Cross-country flight time as pilot of aeroplanes will be credited up to a max. credit of 100 hrs

⁵ Cross-country flight time as pilot-in-command or pilot-in-command under supervision of aeroplanes will be credited up to a max. credit of 50 hrs

⁶ Night flight time as pilot-in-command or co-pilot of aeroplanes will be credited up to a max. credit of 50 hrs

Credit claimed (Hours)	IAA use only
(FNPT) _____	
(FS) _____	


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(PIC) _____	
(PICUS) _____	

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6. ATPL(H) THEORETICAL KNOWLEDGE

EASA Member State under whose authority exams were passed	Type of exams passed (State 'EASA', 'JAR-FCL' or 'National')	Level of exams passed (CPL(H)+IR(H) or ATPL(H))	Date of final examination pass	IAA use only

7. ATPL(H) SKILL TEST

Note: If the Examiner is not the holder of an IAA-issued Examiner Certificate, the Examiner MUST receive a 'Non-IAA Examiner Briefing' **and** give 'notification of test' to the IAA **before** conducting the skill test.

Date of ATPL(H) skill test pass	Aircraft type	Aircraft registration / Simulator Code	Name of Examiner	Examiner Number	IAA use only

8. ENGLISH LANGUAGE PROFICIENCY (ELP)

Date of ELP Assessment	Level achieved	Name of Examiner	Examiner Number	IAA use only

9. APPLICANT'S DECLARATION


I hereby declare that:-

- 1) I do not hold a Part-FCL licence issued by another Member State;
- 2) I have not applied for a Part-FCL flight crew licence in another Member State;
- 3) I have never held a flight crew licence, issued another Member State, which was revoked or suspended.

I further 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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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

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 Part-FCL ATPL(H), 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 any current or expired/lapsed flight crew licence(s) (including foreign licences) held.

Section 3 - Application

Please indicate the basis on which your application for the issue of a Part-FCL ATPL(H) is being made.

Section 4 – Class 1 Medical Certificate

Please enter details of your valid Part-MED or JAR-FCL Class 1 medical certificate.

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.**

Section 5 – Flight Experience

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

Credit for flight time in an aircraft category other than helicopters can only be claimed if you hold a pilot licence, or equivalent privileges, for the appropriate category of aircraft.

Section 6 –ATPL(H) Theoretical Knowledge

Please enter details of the ATPL(H) or CPL(H) and IR(H) theoretical knowledge examinations passed.

Section 7 – ATPL(H) Skill Test

Please enter details of your JAR-FCL ATPL(H) skill test pass.

Note: - an ATPL(H) skill test will only be accepted for licence issue if the IAA was given advance written notification of the ATPL(H) skill test date, and a written acknowledgement to proceed was issued by the IAA.

Section 8 – English Language Proficiency

Please enter details of your ELP assessment.

Section 9 – Applicant's Declaration

This section must be completed by the applicant after reviewing all information entered on the application form. If you are unable to agree with any of the statements in the declaration, please contact the Personnel Licensing Office for further advice before submitting this application.



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SUBMISSION INSTRUCTIONS (see Guidance Notes)

**Please note that failure to 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 with your application:-

- All original flying logbooks. For electronic logbooks, please print all pages, each page to be signed by you as a true copy
Note: original signatures of the aircraft Commander are required if claiming PICUS time - electronic signatures are not accepted
- Copy of your valid Part-MED or JAR-FCL Class 1 medical certificate.
- Copy of your Passport or National Identity card as evidence of identity.
- Copy of your ATPL(H) or CPL(H) and IR(H) examination results (if available).
- Original ATPL (H) skill test form (including skill test schedule, if separate).
- Completed payment form (if paying by credit / debit card), or cheque / postal order.
- Copy of ICAO ATPL(H) and validating medical certificate (**ICAO ATPL(H) conversions ONLY**)
- Completed English Language Proficiency Ground Examination form (RPPL-F-270) (**ICAO ATPL(H) conversions ONLY**)
- Copy of flight crew licence(s) / qualification(s) and validating medical certificate(s), if claiming credit in Section 5 for flight experience in an aircraft category other than helicopters.

PAYMENT FORM

For existing holders of an IAA-issued Part-FCL or JAR-FCL CPL(H), the issue fee includes the transfer of all **valid** ratings currently endorsed on the licence - endorsement of additional rating(s) (e.g. additional Type rating(s) etc will incur an **additional** fee per rating.

Full details of fees charged and levied by the IAA are published in the IAA Fees Schedule

I am paying by:-

CREDIT / DEBIT CARD

- 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.

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)

If you ticked the courier services box on page one, you will be charged the current courier fees for sending the documents to your address as specified on page 1 of this form.