



Form No. RPPL-F-101  
 AMDT No. 6.0  
 Page No. 1 of 4  
 Issue Date: 19/02/2024

**APPLICATION FOR THE ISSUE OR RE-ISSUE  
 OF A STUDENT PILOT LICENCE (SPL)**  
**(ALL AIRCRAFT CATEGORIES)**

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) ..... 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 EXISTING FLIGHT CREW LICENCE(S) HELD (if applicable)**

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

**3. APPLICATION (tick as applicable)**

I am applying for the initial issue  / re-issue  of a Student Pilot Licence (SPL) for the category of aircraft indicated below;

Aeroplane  Rotorcraft (Helicopter)  Microlight Aeroplane (3-Axis)

Free Balloon  Rotorcraft (Gyroplane)  Microlight Aeroplane (Weight-shift)

**4. JAR-FCL MEDICAL CERTIFICATE**

Date of <b>initial</b> Medical Examination <b>in Ireland</b>	State of Issue	Class (1 or 2)	Expiry date of Class 2 privileges	AME Name, Medical Centre & City	Details of any Limitations	IAA use only
	<b>IRELAND</b>					

Date of <b>most recent</b> Medical Examination (if different from above)	State of Issue	Class (1 or 2)	State of Issue	AME Name, Medical Centre & City	Details of any Limitations	

**IAA USE ONLY**



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**5. RTF / FTO CERTIFICATION (to be completed by the CFI (RTF) or Head of Training (FTO))**

I hereby certify that ..... has enrolled on a course of flight & theoretical knowledge instruction for the issue of a Pilot Licence for the category of aircraft indicated in Section 3 of this form.

Signature ..... Date .....

Name (BLOCK CAPITALS) ..... Position .....

Name of RTF / FTO ..... IAA RTF / FTO No. ....

RTF / FTO Stamp

**Note:** 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 Joint Aviation Requirements, whether for that person or any other person.

**6. ENGLISH LANGUAGE PROFICIENCY (ELP)**

Date of ELP Assessment	ELP Level achieved	ELP expiry date (if applicable)	Examiner's Name and IAA Authorisation No.	IAA use only

**7. APPLICANT'S DECLARATION**

I hereby declare that the information given in this form is true and correct to the best of my knowledge and belief. I have attached a copy of my valid JAR-FCL Medical Certificate and enclosed the required photographic evidence of my identity.

Applicant's Signature ..... Date .....

**Note:** 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 Joint Aviation Requirements, whether for that person or any other person.



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## GUIDANCE NOTES

### Guidance Notes

All sections of the application form must be completed by the applicant personally, except Section 5 which must be completed by the CFI / Head of Training of your RTF / FTO.

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.

The permanent address will be entered on your SPL, 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 existing Flight Crew Licence(s) held

Please enter details of any current or expired/lapsed flight crew licence(s) (including foreign licences) held, if applicable.

#### Section 3 - Application

Please indicate the category of SPL for which you are applying. If you wish to apply for a SPL for more than one category of aircraft, please complete a separate application form for each.

#### Section 4 – JAR-FCL Medical Certificate

Firstly, please enter details of the initial JAR-FCL Class 1 or 2 medical examination completed in Ireland.

Secondly, please enter details of your valid JAR-FCL Class 1 or 2 medical certificate, if different from above.

**Note:-** an initial JAR-FCL Class 1 or 2 medical examination must have been completed with an IAA Authorised Medical Examiner (AME). However, a JAR-FCL Medical Certificate issued by another JAA Member State subsequent to the initial medical examination in Ireland (e.g. upon revalidation or renewal) may be acceptable where the IAA Aeromedical Section (AMS) has received a copy of the Medical report from the AME.

#### Section 5 – RTF / FTO Certification

This Section must be completed by the CFI / Head of Training of an IAA RTF / FTO.

#### Section 6 – English Language Proficiency (ELP)

Please enter the details of your ELP assessment.

For initial issue of a SPL, an ELP Ground examination must be completed with an IAA authorised examiner, unless a valid ELP endorsement is held on another IAA-issued pilot licence.

For re-issue of a SPL, a valid ELP endorsement must be held, or a further ELP Ground examination will be required

A list of current IAA authorised ELP Ground Examiners is available on the [IAA website](#)

#### Section 7 – Applicant's 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 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:-

- Copy of your valid JAR-FCL Medical Certificate
- Completed English Language Proficiency Ground Examination form RPPL-F-270 (**not required for re-issue of a SPL where a valid ELP endorsement is already held**)
- Copy of your Passport or National Identity card as evidence of identity. The copy must be certified by the CFI / Head of Training of your RTF / FTO including the signature and name in block capitals of the CFI / Head of Training, and the RTF / FTO stamp.

Alternatively, the original document may be submitted.

- Completed payment form

**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 \_\_\_\_\_