	Form No. ECON.ACW.F.101	APPLICATION FOR THE ISSUE OR RE-ISSUE OF A STUDENT PILOT LICENCE (SPL) (ALL AIRCRAFT CATEGORIES)
	AMDT No. 8	
	Page 1 of 5	
	Issue Date: 24/06/2024	

MySRS Reference Number: IAA - -

Please register and setup an account at <https://iaa.mysrs.ie/auth/sign-in>

*** MySRS is being used for online payments only***

Please do not send application documents to MySRS, this is to be used for payment methods only at this time.

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)

	Form No. ECON.ACW.F.101	APPLICATION FOR THE ISSUE OR RE-ISSUE OF A STUDENT PILOT LICENCE (SPL) (ALL AIRCRAFT CATEGORIES)
	AMDT No. 8	
	Page 2 of 5	
	Issue Date: 24/06/2024	

4. Part-MED MEDICAL CERTIFICATE

Date of initial Medical Examination in Ireland	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
	IRELAND					

Date of most recent 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

5. NFTO CERTIFICATION (to be completed by the CFI/HoT (NFTO))

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 NFTO IAA NFTO No.

NFTO 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 PART-MED 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.

	Form No. ECON.ACW.F.101 AMDT No. 8 Page 3 of 5 Issue Date: 24/06/2024	APPLICATION FOR THE ISSUE OR RE-ISSUE OF A STUDENT PILOT LICENCE (SPL) (ALL AIRCRAFT CATEGORIES)
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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 – PART-MED Medical Certificate

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

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

Note:- an initial PART-MED Class 1 or 2 medical examination must have been completed with an IAA Authorised Medical Examiner (AME). However, a PART-MED 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.

SUBMISSION INSTRUCTIONS



Form No. ECON.ACW.F.101

AMDT No. 8

Page 4 of 5

Issue Date: 24/06/2024

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

(ALL AIRCRAFT CATEGORIES)

**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 PART-MED 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



Form No. ECON.ACW.F.101
AMDT No. 8
Page 5 of 5
Issue Date: 24/06/2024

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OF A STUDENT PILOT LICENCE (SPL)**
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PAYMENT

Any future submissions will not be processed unless you are registered on MySRS. Please ensure you have registered and setup your account at <https://iaa.mysrs.ie/auth/sign-in> before making any further applications.

The current fee can be found under in the Current IAA Fees Schedule' on the IAA website (www.iaa.ie). The issue fee includes the issue of one aeroplane class or type rating. Endorsement of additional rating(s) (e.g. Night rating or additional Class rating(s)) will incur an **additional** fee per rating.

Full details of fees charged and levied by the IAA are published in the [IAA Schedule of Fees](#)

Please confirm your payment option below (phone payments are no longer available) :

MySRS Reference Number: IAA - -

An invoice will be generated and sent to your account/email for secure online payment.

OR

CREDIT / DEBIT CARD

Note: This payment method will be unavailable within the next few months.

- 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 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)