





Form. No. RPPL-F-119  
AMDT No. 6.0  
Page No. 2 of 4  
Issue Date: 19/02/2024

**APPLICATION FOR THE RE-ISSUE  
OF A FLIGHT CREW LICENCE**

**5. ENGLISH LANGUAGE PROFICIENCY**

ELP Level endorsed on IAA licence	Expiry date (if applicable)	IAA use only

**6. IAA SUMMARY PRIVACY NOTICE**

How will we use your information?

The information you provide to us via this form will be used to enable us to carry out our regulatory duties including processing your request for the issue of a licence, the administration and maintenance of subsequent licences/certificates and for enforcement purposes. We will not disclose any of your information to any organisation without your explicit consent, except where we are obliged to do so under relevant EU and Irish legislation, or to comply with law enforcement agencies.

Where can you find out more?

To find out more about how the IAA respects your privacy, please read our detailed privacy notice at <https://www.iaa.ie/home/footer-tools/privacy> or contact our Data Protection Officer at [dataprotection@iaa.ie](mailto:dataprotection@iaa.ie), or write to Data Protection Officer, Irish Aviation Authority, The Times Building, 11-12 D'Olier Street, Dublin 2, D02 T449.

**7. APPLICANT'S DECLARATION**

I hereby apply for the re-issue of my IAA flight crew licence as indicated in Section 2 of this form.

I hereby 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.



Form. No. RPPL-F-119

AMDT No. 6.0

Page No. 3 of 4

Issue Date: 19/02/2024

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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**

The permanent address will be entered on your flight crew 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 IAA Flight Crew Licence to be re-issued**

Please enter details of the flight crew licence to be re-issued.

**Section 3 – Medical Certificate**

Please enter details of your Part-FCL Class 1 or Class 2 Medical Certificate.

**Note:** Applicants must hold a valid Part-FCL Medical Certificate appropriate to the type of licence to be re-issued.

**Section 4 – Type / Class / Instrument / Instructor rating validity**

Please enter details of each valid type, class, instrument and/or instructor ratings (as applicable) endorsed on the licence to be re-issued.

**Note:** Applicants must hold at least one valid type, class, instrument or instructor rating in order for a licence to be re-issued.

**Section 5 – English Language Proficiency**

Please enter the ELP level & validity endorsed on your IAA flight crew licence. If your ELP has expired, you must renew it before your licence can be re-issued.

**Section 7 – Applicant's Declaration**

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



Form. No. RPPL-F-119  
AMDT No. 6.0  
Page No. 4 of 4  
Issue Date: 19/02/2024

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**SUBMISSION INSTRUCTIONS**

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 payment form

**Please note that failure to submit all required documentation may result in the return of your application.**

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

\_\_\_\_\_