



Form. No. RPPL-F-123
 AMDT No. 5.0
 Page No. 1 of 4
 Issue Date: 19/02/2024

**APPLICATION FOR THE
 REPLACEMENT OF A
 FLIGHT CREW LICENCE**

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 IAA FLIGHT CREW LICENCE(S) TO BE REPLACED

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

3. PART-MED MEDICAL CERTIFICATE

State of Issue	Class (LAPL, 1 or 2)	Date of most recent Medical Examination	Expiry Date	AME Name & Location	Details of any Limitations	IAA use only

Does the above PART-MED Medical Certificate need replacement? Yes No

NOTE: - the IAA may only replace Medical Certificates issued by an IAA Certified Aeromedical Examiner or by the IAA. Where your PART-MED Medical Certificate was issued by another EASA Member State, you must apply to that State for the replacement of the Medical Certificate and ensure that a copy of the new Medical Certificate is submitted to the IAA.

4. CIRCUMSTANCES OF LOSS / DAMAGE

Describe below, as fully as possible, the circumstances of the loss of, or damage to, your flight crew licence;

.....

.....

.....

If the licence is lost:

Location of Garda / Police station where loss was reported

Garda PULSE No. or Police Crime / Incident No.

IAA USE ONLY



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5. 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, or write to Data Protection Officer, Irish Aviation Authority, The Times Building, 11-12 D'Olier Street, Dublin 2, D02 T449.

6. 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 further declare that if the lost flight crew licence is found, I shall return it the Irish Aviation Authority without delay.

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 EASA Regulations, 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.

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.

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 replacement 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(s) to be replaced

Please enter details of the IAA-issued flight crew licence(s) to be replaced.

Section 3 – PART-MED Medical Certificate

Please enter details of your valid PART-MED Class 1 or Class 2 Medical Certificate, and indicate if you also require replacement of the Medical Certificate

Note: a valid PART-MED Medical Certificate appropriate to the licence to be replaced, must be held in order to obtain a replacement flight crew licence.

Section 4 – Circumstances of loss / damage

Please enter full details of the circumstances of the loss of, or damage to, your licence.

If the licence has been lost in Ireland, please give details of the Garda station where the loss was reported, together with the Garda PULSE No.

If the licence has been lost outside Ireland, please give details of the local Police station where the loss was reported, together with the Crime / Incident No.

Section 6 – 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 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: -

Completed payment form

As applicable;

(if licence is lost outside Ireland) - copy of the Police report / written statement that the licence has been lost, and stamped by the local Police

(if licence is damaged) - original damaged Flight Crew Licence

PAYMENT FORM

Full details of fees charged and levied by the IAA can be found in the current Fees Schedule.

If you are applying for the replacement of multiple flight crew licences, the fee is payable for each licence to be replaced.

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 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 _____