



Form. No. RPPL-F-100E
 AMDT No. 10.0
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 Issue Date: 25/07/2019

**APPLICATION BY PILOTS TO CHANGE
 COMPETENT AUTHORITY TO IRELAND**
 (Change State of Licence Issue (SOLI) to Ireland)

NOTE: Please refer to the note relating to Brexit on page 4

This application is to be used when you wish to change your Competent Authority to Ireland and **ARE** the holder of a Flight Crew Licence. If are NOT the holder of a Flight Crew Licence and only have medical records to transfer, please complete form RPPL-F-100M only.

Please complete the form in **BLOCK CAPITALS** - having read the Guidance Notes attached to this form and PLAM No. 02/13, Issue 2, - "Change of State of Licence Issue (SOLI) to Ireland" - available on the IAA Website – www.iaa.ie

Section 14 must also be completed to initiate the preparation for receipt of medical records

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 PART-FCL LICENCE(S) HELD

State of Issue	Was Licence issued under Part-FCL?	Licence Type (e.g. PPL, CPL, ATPL)	Aircraft Category (e.g. Aeroplane, Helicopter)	Licence Number.	IAA use only

Note: An ATPL with "Co-pilot only" restriction will, unless for a medical reason, be recognised as equivalent to CPL only.

3. MOST RECENT CURRENT MEDICAL CERTIFICATE DETAILS

(Important Note: If an applicant does not have a current valid Medical Certificate, the change of SOLI process will not normally be initiated until their Medical Certificate has been renewed by their present SOLI)

State of Issue of Medical Certificate (Where your medical records are held)	Class 1, 2, LAPL	Date of Aeromedical Examination	AME Name, Aeromedical Centre & Location	AME No.	Details of any Limitations / Endorsements	IAA use only



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4. DETAILS OF PREVIOUS STATES OF LICENCE ISSUE (SOLI) IF YOU CHANGED SINCE THE YEAR 2011.

	Licence Type (e.g. ATPL, F/E)	State of Issue	Date From	Date To	IAA use only
1.					
2.					
3.					

5. DETAILS OF TYPE / CLASS / ADDITIONAL RATING(S) HELD (see Guidance notes)

Only give details of Type, Class and/or additional rating(s) endorsed on your Part-FCL licence that are **valid**.

Type / Class / Additional Rating held	Date of Skill Test / Proficiency Check (if applicable)	Expiry Date of Rating (if applicable)	IAA use only

6. DETAILS OF INSTRUMENT RATING(S) HELD (PILOT LICENCES ONLY)

Give the date of the most recent Instrument Rating Skill Test(s) and/or Proficiency Check(s) endorsed on your Part-FCL Licence.

Type / Class of Aircraft	Indicate if Test / Check was flown Single or Multi-Pilot (SP or MP)	Date of Test / Check	Expiry Date	IAA use only

7. DETAILS OF INSTRUCTOR CERTIFICATE(S) / RATING(S) HELD

State of Issue	Type of Instructor qualification & aircraft category (e.g. FI(A), TRI(H), SFI(A), TRI(E))	Date of issue	Expiry Date	Details of privileges/restrictions (e.g. FI for CPL, IR, ME) (e.g. TRI – Sim only)	IAA use only



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8. DETAILS OF EXAMINER CERTIFICATE(S) / AUTHORISATION(S) HELD

State of Issue	Type of Examiner Certificate & aircraft category/Type (e.g. FE(A), TRE(H) (SFE(A))	Date of issue	Expiry Date	Details of Privileges/restrictions (e.g. FE(A) – PPL)	IAA use only

9. DETAILS OF ATPL THEORETICAL KNOWLEDGE CREDIT HELD (if applicable) (CPL AND FE holders only)

EASA Member State under whose authority exams were passed	Type of exams passed (State 'Part-FCL', 'JAR-FCL' or 'National')	Date of final ATPL exam pass	IAA use only

10. LANGUAGE PROFICIENCY (ENGLISH AND OTHER LANGUAGES)

Language	Language proficiency level endorsed on licence	Expiry Date (if applicable)	IAA use only

11. MULTI-CREW CO-OPERATION COURSE (MCC) COMPLETED (if applicable) (CPL holders only)

Date of completion of MCC course	Approved Training Organisation (ATO) where MCC course was completed (See guidance notes re submission of ATO certificate)	ATO Approval No.	EASA Member State that approved the ATO	IAA use only

12. 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 to transfer to this Competent Authority, 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.



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13. APPLICATION, DECLARATION & CONSENT TO ALLOW RECEIPT OF LICENCE & MEDICAL INFORMATION

APPLICATION: In accordance with Part-FCL.015(d), I hereby apply to change my 'State of Licence Issue' (SOLI) to Ireland in respect of my Part-FCL (and Instructor/Examiner Certificates, if applicable) and I authorise the release of my associated licensing and medical records to I the Competent Authority of Ireland.

DECLARATION: I hereby declare that: -

- 1) I do not hold any personnel licence, certificate, rating, or authorisation, other than as detailed in Section 2 of this form, with the same scope and in the same category, issued by another Member State;
- 2) I have not applied for any personnel licence, certificate, rating, or authorisation with the same scope and in the same category to another Member State since making this application for change of SOLI.
- 3) I have never held any personnel licence, certificate, rating, or authorisation with the same scope and in the same category issued in another Member State which was revoked or suspended;
- 4) I am not the subject of any pending licence enforcement action in any State.
- 5) The information given in this form is true and correct to the best of my knowledge and belief. I am aware that any incorrect information given could disqualify me from being granted a flight crew licence, certificate, rating, or authorisation or result in revocation if discovered after issue of same.

CONSENT: I hereby give my consent for the Irish Aviation Authority to request and receive all records and details concerning my Flight Crew Licence(s) and my medical certification from my present and from any previous Competent Authority/Aeromedical Section and to make such enquiries concerning my Flight Crew Licence(s) and medical fitness and certification as is deemed necessary.

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.

NOTE:

Holders of UK issued Part-FCL licences should expect extended processing times in advance of expected Brexit date.

Applicants should familiarise themselves with the submission deadlines published by the UK CAA here

Applicants should note that applications that have not completed prior to Brexit may no longer be valid within the EU. Please refer to the guidance documentation issued by the EU Commission here



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14. SUMMARY OF SUBMISSION FOR AEROMEDICAL SECTION

This section must be completed to initiate the preparation for receipt of medical records. When completing the fillable pdf version, most of this section should auto-populated based on your completion of the earlier sections.

14.1. LICENCE HOLDER 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

14.2. DETAILS OF PART-FCL LICENCE(S) HELD

State of Issue	Was Licence issued under Part-FCL?	Licence Type (e.g. PPL, CPL, ATPL)	Aircraft Category (e.g. Aeroplane, Helicopter)	Licence Number.	IAA use only

14.3. MOST RECENT CURRENT MEDICAL CERTIFICATE DETAILS

(Important Note: If an applicant does not have a current valid Medical Certificate, the change of SOLI process will not normally be initiated until their Medical Certificate has been renewed by their present SOLI)

State of Issue of Medical Certificate (Where your medical records are held)	Class 1, 2, LAPL	Date of Aeromedical Examination	AME Name, Aeromedical Centre & Location	AME No.	Details of any Limitations / Endorsements	IAA use only

14.4. CONFIRMATION OF CONSENT TO ALLOW RECEIPT OF MEDICAL INFORMATION

I hereby confirm that I have signed section 13 (Application, Declaration & Consent to Allow Receipt of Licence & Medical Information)

Applicant's Signature Date



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GUIDANCE NOTES

In order for the IAA to process your application as quickly as possible, it is important that you complete the application form correctly. The application form applies to a number of different licences and ratings, so not all sections may be applicable to you. You should be aware that the process to transmit your licensing and medical records can take up to **12 weeks** to complete.

Please complete the form in conjunction with the following guidance notes.

Section 1 – Personal Details

The permanent address will be entered on the IAA-issued Part-FCL Flight Crew Licence and will also be the address to which the licence will be sent if the exchange of Part-FCL licences is to be completed by post. If you want the licence sent to an alternative address please enter the details under 'correspondence address'.

Section 2 – Please enter Details of Part-FCL licence(s) held - as applicable. Note: An ATPL with “Co-pilot only” restriction will (unless endorsed for medical reason) be recognised as equivalent to CPL only

Section 3 – Medical Certificate (Note: The following must be supplied by the Aeromedical Section (AMS) of the Competent Authority of the present State of Licence Issue (SOLI) directly to the IAA AMS, at the below address.)

- (1) Copy of current valid medical certificate, medical certificate application form and examination report form.
- (2) Copy of earliest dated medical certificate application form and examination report form held on the applicant's file.
- (3) Summary of medical history,(with dates) to include relevant inactive conditions and active conditions requiring follow-up. (Note: This summary report must be provided in the English language (or in the native language and accompanied by an English language translation certified by the CA) and must be signed by a Medical Assessor employed by or acting on behalf of the Aeromedical Section (AMS) of the CA of present SOLI).
- (4) Copy of the most recent electrocardiogram and audiogram, where applicable.

Section 4 - Details of previous States Of Licence Issue (SOLI s) if you changed since the year 2011.

Section 5 - Details of Type / Class / Additional rating(s) held

Please give details of all valid type, class and/or additional rating(s)(e.g. Night, Aerobatic, Towing etc.) held. Note: Expired ratings and National (non-Part-FCL) ratings will NOT be entered on the IAA-issued Part-FCL licence - a record of them will usually be received by the IAA as part of the licence verification process in case you wish to renew any of them in the future.

Section 6 - Details of Instrument rating(s) held Please give details of all Instrument Rating(s) held (Pilots only)

Section 7 – Please give Details of Instructor Certificate(s) / rating(s) held including all privileges/restrictions

Section 8 - Please give Details of Examiner Certificate(s) / Authorisation(s) held including all privileges/restrictions.

Section 9 – If applicable, please enter details of ATPL Theoretical Knowledge Exam Credit held (CPL & F/E holders ONLY)

Section 10 – Language Proficiency

Please enter details of all valid Language Proficiency endorsements held. Note: if you do not hold a valid English Language Proficiency (ELP) endorsement, you will be required to complete an ELP assessment, either with an IAA ELP Assessor or an assessor/organisation acceptable to the IAA.

Section 11 – Multi-crew Co-operation Course (MCC) (CPL holders who wish to fly Multi-Pilot Aircraft ONLY) - If applicable, please enter the details of the MCC course completed and attach a copy of the MCC Certificate. A copy of the ATO Certificate showing the course approval will need to be submitted.

Section 13 – Application & 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 by Email for further advice before submitting this application (Licensing@iaa.ie).

Section 14 – Summary of Submission for Aeromedical Section

This section is used by the aeromedical section (AMS) to prepare for the receipt of medical records from the state of transfer.



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SUBMISSION INSTRUCTIONS

Please note that failure to complete this form fully and submit all required documentation WILL 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 existing Part-FCL Flight Crew Licence(s) (all pages)
- Copy of your Passport (State of Issue / Passport Number / Photograph page(s) only) or National Identity Card
- Copy of your most recent valid Part-MED Medical Certificate. **(Important Note: If you do not have a current valid Medical Certificate, the change of SOLI process will not normally be initiated until your Medical Certificate has been renewed by your present State Of Licence Issue (SOLI)).**
- Completed payment form.

Logbook(s) are not required to be submitted but the IAA reserves the right to request your logbook(s) at a later stage.

If applicable;

- Copy of your existing Part-FCL Instructor / Examiner Certificate(s) / Authorisation(s)
- Copy of your ATPL theoretical knowledge examination results (if available / applicable) – **CPL or F/E holders only**
- Copy of your MCC course completion certificate and copy of the ATO approval certificate (include list of courses) for MCC course provider – **CPL holders who wish to fly Multi-Pilot Aircraft only**

PAYMENT FORM

Very Important: Applicants should be aware that some other CA's charge fees for the transmission of Licence and Aeromedical Records to the IAA. It is your responsibility to check for and pay such charges before submitting your application. The IAA will not pursue this matter on behalf of applicants.

The current Licence issue fee can be found on the [IAA website](#). The licence issue fee includes the endorsement of all valid (non-expired) Type, Class, IR and/or additional ratings endorsed on your existing Part-FCL Flight Crew Licence, as well as any Instructor / Examiner Certificates held. The endorsement of new rating(s) (e.g. rating(s) not already endorsed on your existing Part-FCL licence), will incur an **additional** fee per rating. Expired ratings and national (non-Part-FCL) ratings will **NOT** be endorsed on the new licence.

Note: Where an application is made to change the SOLI of a Part-FCL licence or Certificate, and where such application is subsequently withdrawn by the applicant after the Authority has incurred the expense of the administration associated with this process, the fee payable will be 80% of the relevant Licence issue fee.

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

I am paying by:-

CREDIT / DEBIT CARD **CHEQUE** **POSTAL ORDER**

- 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)