



Please complete the form in BLOCK CAPITALS - having read the Guidance Notes attached to this form and PLAM No. 01/16, Issue 1, - "ZFTT TYPE RATING RESTRICTIONS" - available on the IAA Website - [www.iaa.ie](http://www.iaa.ie)

1. PERSONAL DETAILS

Surname ..... First Name(s) .....
Title (Mr / Mrs / Ms etc) ..... Date of Birth (dd/mm/yyyy) .....
Licence Grade (CPL, MPL or ATPL) ..... Licence Ref. No.: .....
Permanent address .....
Postcode .....
Contact Tel. No. .... Mobile Tel. No. ....
E-mail address .....
Address for correspondence (if different from above) .....
Postcode .....

2. DETAILS OF COMPLETION OF ZERO FLIGHT-TIME TRAINING (ZFTT) COURSE

IAA use only

2.1. Aircraft Type Rating which was issued (per EASA Type Rating List): .....

Complete either subsection 2.2 or 2.3 beneath as appropriate (not both)

Subsection 2.2

2.2.1. Name/Approval No./Address of ATO company which also holds separate AOC to conduct commercial air transport operations:-

Name..... ATO Approval No.: .....

Address: .....

Subsection 2.3 (Refer Guidance Note 2.2)

2.3.1. Name/Approval No./Address of ATO company having a specific arrangement with a separate company (named at 2.3.2 below) which holds an AOC (or equivalent authorisation) to conduct commercial air transport operations:-

Name..... ATO Approval No.: .....

Address: .....

2.3.2. Name/AOC No./Address of AOC-holding commercial air transport operator having specific arrangement with ATO (named at 2.3.1 above):-

Name..... AOC No.: .....

Address: .....



**2. DETAILS OF COMPLETION of ZERO FLIGHT-TIME TRAINING (ZFTT) COURSE (contd)**

**2.4 Date of completion of the skill test or date of completion of other appropriate refresher training provided by the operator (where LIFUS commencement is delayed beyond 21 days) :-**

IAA use only

Date: .....

Signature of Head of Training of ATO: .....

(Name of HoT – block caps): .....

**2.5 Date of completion of six take-offs and landings in an FSTD (not later than 21 days after the completion of the skill test or other appropriate refresher training) under the supervision of a type rating instructor for aeroplanes (TRI(A)) occupying the other pilot seat:-**

Date: .....

Signature of TRI(A) : .....

(Name of TRI(A) – block caps): .....TRI(A) Licence Ref.No.: .....

**2.6 Certification by the TRI(A) that the trainee is fully competent with the exterior inspection of the aeroplane before conducting such an inspection un-supervised.**

Signature of TRI(A) : .....

(Name of TRI(A) – block caps): .....TRI(A) Licence Ref.No.: .....

**2.7 Date of commencement of line flying under supervision (LIFUS)**

Date: .....

Signature of Head of Training of ATO : .....

(Name of HoT – block caps): .....



**2. DETAILS OF COMPLETION of ZERO FLIGHT-TIME TRAINING (ZFTT) COURSE (contd)**

2.8 Date of completion of the first four take-offs and landings of the LIFUS in the aeroplane under the supervision of a TRI(A) occupying the other pilot seat

IAA use only

Date of take-off/landing No. 1: .....

Signature of TRI(A) : .....

(Name of TRI(A) – block caps): ..... TRI(A) Licence Ref.No.: .....

Date of take-off/landing No. 2: .....

Signature of TRI(A) : .....

(Name of TRI(A) – block caps): ..... TRI(A) Licence Ref.No.: .....

Date of take-off/landing No. 3: .....

Signature of TRI(A) : .....

(Name of TRI(A) – block caps): ..... TRI(A) Licence Ref.No.: .....

Date of take-off/landing No. 4: .....

Signature of TRI(A) : .....

(Name of TRI(A) – block caps): ..... TRI(A) Licence Ref.No.: .....

**3. APPLICATION FOR REMOVAL OF OPERATOR RESTRICTION FROM ZFTT TYPE RATING ISSUED**

**APPLICATION:** I hereby apply for removal of the operator restriction from the above named Type Rating endorsed on my Part-FCL or JAR-FCL licence on the basis of the completion of all of the above training requirements.

**DECLARATION:** I hereby declare that 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..

**Applicant's Signature:** ..... **Date:** .....

**(Name – block caps):** ..... **Licence Ref.No.:** .....

**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.



**4. GUIDANCE NOTES**

In order for the IAA to process your application as quickly as possible, it is important that the application form is completed correctly and legibly. You should be aware that the process can take up to **3 weeks** to complete.

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

**Section 1 – PERSONAL DETAILS**

The permanent address entered on the IAA-issued Part-FCL /JAR-FCL Flight Crew Licence will also be the address to which the amended licence pages will be sent by post. If you want the licence pages sent to an alternative address please enter the details under 'correspondence address'.

**Section 2 – DETAILS OF COMPLETION of ZERO FLIGHT-TIME TRAINING (ZFTT) COURSE**

**2.1 Please make sure that all entries are completed legibly by the Head of Training or TRI(A) as appropriate. Do not forward the Form to the IAA if you are unable to complete any of the required entries – you should revert back to the Head of Training of the ATO or relevant TRI(A) for assistance.**

**2.2 Where ZFTT training is provided in accordance with EU Reg. 1178/2011, ANNEX VII [PART-ORA], SUBPART ATO, SECTION III, Chapter 2, para. ORA.ATO.330 –“General” subpara.(a) – i.e. by a “specific arrangement” between separate ATO and AOC holding companies, a copy of such “specific arrangement” must have been submitted to and accepted by the IAA before ZFTT training commenced.**

**Section 3 – APPLICATION & DECLARATION**

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

**5. SUBMISSION INSTRUCTIONS**

**Please note that failure to complete this form fully 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, with the Completed payment form (beneath).

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

**6. PAYMENT FORM**

The current fee can be found on the IAA website (<https://www.iaa.ie/fees>).

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)