



Form. No. RPPL.F.127B  
 AMDT No. 1  
 Page No. 1 of 2  
 Issue Date: 07/04/2017

**Notification of use of 3<sup>rd</sup> Country Licence /  
 Qualification in accordance with Provisions  
 of Aeronautical Notice P21**

**NOTE: Please refer to Aeronautical Notice P21 when completing this notification. All information must be provided  
 An internet connection is required to submit this form**

**Please complete the form in BLOCK CAPITALS and click on Submit at the end of page 2.**

**1. PERSONAL DETAILS (to be completed by applicant)**

Surname ..... First Name(s) .....

Title (Mr / Mrs/ Ms) ..... Date of Birth (dd/mm/yyyy) .....

Nationality ..... Place of Birth (Town) ..... (Country) .....

Passport No. .... Passport Expiry Date. ....

Permanent address .....

..... Postcode .....

Mobile Tel. No. .... Landline Tel. No.....

E-mail address.....

Address when operating in Ireland (if different from above) .....

..... Eircode .....

**2. DETAILS OF LICENCE/ QUALIFICATION HELD**

State of Issue	Type of Licence/Qualification & Licence No. (PPL(A), CPL(H) etc.)	Class/Type Rating to be uses	Class/Type Rating Expiry Date:

**3. DETAILS OF MEDICAL CERTIFICATE (At minimum - ICAO Class 2 medical certificate or an EU Part-MED LAPL)**

State of Issue	Date of Medical Examination	Expiry Date of Class 2/LAPL privileges	AME Name, Medical Centre & Address	Limitations / Endorsements	IAA use only

**4. DETAILS OF RELEVANT PILOT FLIGHT EXPERIENCE (to be completed by applicant)**

Total flight time as pilot of all aircraft	Flight time as pilot of Aeroplanes (land/ sea/amphibian)	Flight time as pilot of Helicopters	Flight time in weight-shift flex wing aircraft	Flight time in powered paragliders / powered hang gliders	Flight time in any other aircraft type	IAA use only
Pilot in command time of all aircraft	Pilot in command time of Aeroplanes (land/sea/amphibian)	Pilot in command time of Helicopters	Pilot in command time weight-shift flex wing aircraft	Pilot in command time powered paragliders / powered hang gliders	Pilot in command time any other aircraft type	



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**5. FLIGHT RADIOTELEPHONY OPERATOR (RESTRICTED)**

Date of Issue	State of Issue	Required to operate in controlled airspace	IAA use only

**6. ENGLISH LANGUAGE PROFICIENCY (ELP)**

Date of ELP Assessment	ICAO Level achieved	Expiry Date of ELP Endorsement (Levels 4,5 only)	IAA use only

**7. SUBMISSION**

(1) I hereby confirm that:-

(a) I have read and understand the requirements of Aeronautical Notice P21

(b) I understand that this notification is required to permit me to operation within the permissions granted under Aeronautical Notice P21

(c) I understand that this notification is required annually and that the permissions granted under Aeronautical Notice P21 may be withdrawn at the discretion of the Irish Aviation Authority at any time.