



Form. No. RPPL-F-105E
 AMDT No. 2.0
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 Issue Date: 28/08/2019

**APPLICATION FOR THE ISSUE OF A
 PART-FCL COMMERCIAL PILOT LICENCE
 (HELICOPTER)
 (modular course only)**

NOTE: European Commission Regulation (EU) No. 1178/2011 as amended, requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records (Part MED.A.030 and FCL.015).

If your medical records are not held by the IAA, your application will be rejected.

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 Fax Number

Address for correspondence (if different from above)

..... Postcode

2. DETAILS OF EXISTING FLIGHT CREW LICENCE(S) HELD

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

3. APPLICATION (tick as appropriate)

I am applying for the issue of a Part-FCL CPL(H), including the Type rating indicated below;

Type (please specify):

Type of course completed:

CPL(H) Modular reduced CPL(H) Modular

If a reduced CPL(H) Modular course has been completed, indicate below the basis for the reduction:-

ICAO CPL(H) / ATPL(H) Valid IR(H) Valid IR(A)

4. CLASS 1 MEDICAL CERTIFICATE

State of Issue	Date of Medical	Expiry Date of Class 1 privileges	AME Name, Medical Centre & Location	AME No.	Details of any Limitations / Endorsements	IAA use only



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5. FLIGHT EXPERIENCE

	Part-FCL minima (Hours)	Hours completed	IAA use only
1. Total flight time as pilot of helicopters	185¹		
2. Flight time as pilot-in-command of helicopters	50		
3.(a) VFR cross-country flight time as pilot of helicopters	10		
(b) Date of most recent Pilot-in-Command cross-country flight of not less than 185km (100nm) during which full stop landings at two aerodromes different from the aerodrome of departure have been made	N/A	Date...../...../.....	

¹ Other flight time will be credited as follows;

- as pilot-in-command of aeroplanes if the holder of a PPL(A) (max. credit 20 hrs)
- as pilot-in-command of aeroplanes if the holder of a CPL(A) (max. credit 50 hrs)
- as pilot in command of touring motor gliders or gliders (max. credit 10 hrs)
- as pilot-in-command of airships if the holder of a PPL(As) (max. credit 20 hrs)
- as pilot-in-command of airships if the holder of a CPL(As) (max. credit 50 hrs)

Credit claimed (Hours)	IAA use only

6. THEORETICAL KNOWLEDGE

Level of examinations passed (e.g. CPL(H) or ATPL(H))	Member State under whose authority exams were passed	Date of final examination pass	Expiry date of examination pass	IAA use only

7. ENGLISH LANGUAGE PROFICIENCY (ELP)

Date of ELP Assessment	Level achieved	Name of Examiner	Examiner Number	IAA use only



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8. COURSE COMPLETION CERTIFICATE (to be completed by the Head of Training)

I certify that (name) has met the pre-requisite requirements in accordance with Appendix 3 to Part-FCL, and has satisfactorily completed a modular course of training for the grant of a Commercial Pilot Licence (Helicopter). I further certify that I have examined the applicants flying logbook(s) and that the entries contained therein meet, in full, the flying experience requirements for the grant of a Part-FCL Commercial Pilot's Licence (Helicopter).

PBN theoretical knowledge course in accordance with FCL.615 of Annex I (Part-FCL) YES] NO]

PBN flight training in accordance with FCL.615 of Annex I (Part-FCL) YES] NO]

Date course started: Date course completed:

Training Course Summary (Complete as applicable)	Hours Completed
Dual visual flight instruction	
Dual Instrument flight instruction in Helicopters	
Dual Instrument flight instruction in Aeroplanes	
Instrument Ground time (Helicopter FTD 1 / FNPT I) (FSTD Identification No(s).)	
COURSE TOTAL	

Note: If additional night flight instruction was given due to the applicant not holding a Night Rating at commencement of the course, please also complete IAA form RPPL-F-125E (Application for a Night Rating (Helicopter))

Approved Training Organisation (ATO) ATO Approval No.

Competent Authority issuing Approval

Name of Head of Training

Signature of Head of Training: Date:

9. CPL(H) SKILL TEST (to be completed by the Examiner)

I certify that I have examined the applicants flying logbook(s) and the entries contained therein meet, in full, the flying experience requirements for the grant of a Part-FCL Commercial Pilot Licence (Helicopter).

I further certify that (Name) has passed the CPL(H) skill test.

Pass date:/...../..... **Aircraft type:** **Aircraft registration:**

Examiner's Name: Examiner Number:

Issuing Competent Authority: Date of 'Non-IAA Examiner's Briefing' (if applicable):/...../.....

Examiners signature: Date:/...../.....

Note: Examiners are reminded that they must complete the Skill Test Report Form and submit to the IAA's Personnel Licensing Office within 14 days of the date of skill test, and if applicable, a copy of the confirmation email(s) from the IAA in respect of the 'Non-IAA Examiner Briefing' and 'Notification of Test'.



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10. 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.

11. APPLICANT'S DECLARATION

I hereby declare that:-

- 1) I do not hold a Part-FCL licence issued by another EASA Member State;
- 2) I have not applied for a Part-FCL flight crew licence in another Member State;
- 3) I have never held a flight crew licence, issued another Member State, which was revoked or suspended.

I further 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.



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GUIDANCE NOTES, PAYMENT FORM & SUBMISSION INSTRUCTIONS

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

Section 1 – Personal Details

Please ensure that your First Name(s) are entered **exactly** as per the 'evidence of identity' document that you submit with your application - see Submission instructions at the end of this form.

The permanent address will be entered on your Part-FCL CPL(H), 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 Existing Flight Crew Licence(s) held

Please enter details of all flight crew licence(s) (including foreign licences) held.

Section 3 - Application

Please indicate the Type rating for which you are applying, the type of CPL(H) modular course completed, and the basis for any reduction given in the training course.

Section 4 – Class 1 Medical Certificate

Please enter details of your valid Part-MED Class 1 Medical Certificate.

Section 5 – Flight Experience

Please enter details of your flying experience in the relevant sections of the table. **Note:-** Credit for PIC flight time in an aircraft category other than Helicopters can only be claimed if you hold a pilot licence, or equivalent privileges, for the appropriate category of aircraft.

Section 6 – Theoretical Knowledge

Please enter details of the theoretical knowledge examinations passed. If the examinations have not been passed with the IAA, the results will be verified with the State under whose authority exams were passed as part of the licence issue process.

Section 7 – English Language Proficiency (ELP)

Please enter details of your ELP assessment.

Section 8 – Course Completion Certificate

This section must be completed by the ATO's Head of Training or nominated Deputy. If a Night Rating was not held by the applicant at commencement of the CPL Modular course and the required additional night flying instruction was given, the Head of Training must also complete the course completion certificate on IAA form RPPL-F-125E (Application for a Night Rating (Helicopter)).

Section 9 – CPL(H) Skill Test

This section must be completed by the Examiner who conducted the CPL(H) skill test.

Section 11 – 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 (see Guidance Notes)

Send your completed application form to:

Personnel Licensing Office, Irish Aviation Authority, 11-12 D'Olier Street, Dublin 2, Ireland.

Please enclose the following:-

- All original Flying logbooks
- Copy of your valid Part-MED Class 1 Medical Certificate
- Copy of your Passport or National Identity card as evidence of identity
- Copy of your Part-FCL theoretical knowledge examination results
- Completed payment form (if paying by credit / debit card), or cheque / postal order.

If Applicable

- Completed application form RPPL-F-125E (if a Night Rating was not held prior to commencing the CPL(H) Modular Course).
- Copy of ICAO CPL(H) / ATPL(H) and validating medical certificate or valid IR(H) or valid IR(A), as applicable (reduced CPL(H) modular course applicants ONLY)
- Copy of relevant flight crew licence(s) / qualification(s) and validating medical certificate(s), (if claiming credit in Section 5 for flight experience in an aircraft category other than helicopters).
- English Language Proficiency Assessment form RPPL-F-270 or local equivalent if completed with a non-IAA ELP assessor (Note: the acceptance of a non-IAA ELP assessor or English Language Assessment Body must be confirmed by the IAA in advance)
- Copy of ATO Approval Certificate (if CPL(H) Modular course is completed with a non-IAA approved ATO).
- Copy of the Flight Examiner's flight crew licence and examiner certificate (if skill test was completed with a non-IAA certificated Examiner)
- Copy of the FSTD Qualification Certificate (if a FSTD is used on the training course)

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

PAYMENT FORM

The current CPL(H) issue fee can be found under 'Fees for Flight Crew Licensing' on the IAA website (www.iaa.ie). For existing holders of an IAA-issued Part-FCL PPL(H), the issue fee includes the transfer of all valid ratings currently endorsed on the licence - endorsement of additional rating(s) (e.g. additional Type rating(s) etc will incur an additional fee per rating.

Full details of fees charged and levied by the IAA are published in the [Irish Aviation Authority \(Fees\) \(No. 2\) 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 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)