



Form. No. RPPL-F-SFCL.145.SPL
 AMDT No. 5
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 Issue Date: 15/06/2021

Application for Part-FCL Sailplane Pilot Licence (SPL)

**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. LICENCE(S), RATING(S) AND/OR CERTIFICATE(S) APPLIED FOR Tick relevant box as appropriate

Licence required

Sailplane Pilot Licence SFCL.145 SPL TMG SFCL.145 SPL

Ratings

Sailplane towing and banner towing rating SFCL.205 Touring Motor Glider (TMG) night rating SFCL.210

Launch Method(s) SFCL.155 SPL

Winch Launch Car Launch Aerotow Bungee Launch Self-Launch

Additional Privileges

Aerobatic SFCL.200 Sailplane and TMG privileges SFCL.150 SPL Sailplane Cloud Flying SFCL.215

Flight Instructor privileges

Flight Instructor; SFCL.315 FI(S) Flight Instructor – Sailplane Instructor SFCL.315 FI(S)(a)(7)
 Flight Instructor; SFCL.350 FI(S) Restricted privileges

Examiner privileges

Flight Examiner – Sailplanes; SFCL.400



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

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

4. MEDICAL CERTIFICATE

State of Issue	Class of Medical Certificate held	Date of last Medical	Expiry Date

Note: Your Medical Certificate must be valid on the licence issue date. If your Medical Certificate is due to expire within 14 days after the date of application for licence issue, please complete the following

My medical examination will take place at: on:

A licence will not be issued to any person unless their medical records supporting their Part-MED medical certificate are held by an Aeromedical Centre located in Ireland. European Commission Regulation (EU) No. 1178/2011 as amended, requires that an individual has all of their licenses administered by the National Aviation Authority that holds their medical records (Part-MED.A.030 and Part-FCL.015).

5. ENGLISH LANGUAGE PROFICIENCY (ELP)

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

6. ATO/DTO CERTIFICATION (Tick as appropriate)

To be completed by the ATO/DTO

I certify that (name) has satisfactorily completed a course of training for the grant of a Sailplane Pilot's Licence and/or TMG Licence

I further certify that I have examined the applicants flying log and the entries in them meet in full the flying experience requirements for the grant of a Sailplane Pilot's Licence and/or TMG Licence in accordance with Part-SFCL, and sections 6 & 7 of this application form.

Recommended for Skill Test by (name): Licence No:

Approved Training Organisation (ATO/DTO): ATO/DTO Approval No:

Competent Authority issuing Approval:

Name of Head of Training:

Signature (Head of Training): Date:



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7. THEORETICAL KNOWLEDGE EXAMINATIONS

Examination Paper	Exam Date	Mark (%)	Examination Paper	Exam Date	Mark (%)
Air Law			Operational Procedures Sailplane		
Human Performance			Flight Performance and Planning Sailplane		
Meteorology			Aircraft General Knowledge Sailplane		
Communications			Navigation Sailplane		
Principles of Flight Sailplane					

Competent Authority administering the examinations.....

Date all Theoretical Knowledge Examinations successfully completed:.....

Examinations not completed under the IAA examination system shall only be accepted following verification by the Competent Authority under whose control the examinations were sat.

8. FLYING EXPERIENCE – SPL(Sailplane)

To be completed by the Applicant

	Hours Claimed	Qualifying Hours
Supervised Solo flight time		2
Date of solo cross-country flight no less than 50km/27NM or Date of dual cross-country flight no less than 100km/55NM	Date: Date:	
Dual instruction		10
Number of Launches and Landings	No.	Minimum 45
Date of pre-entry flight test (if applicable)	Date:	
Credit for PIC experience in aircraft after ATO/DTO assessment (if applicable)		
Experience claimed in TMG (if applicable)	No.....	7 (max)
Total Hours		15



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Launch Method	Dual	Solo
Aerotow (minimum of 5 launches dual flight instruction and 5 solo launches under supervision)		
Self-Launch (minimum of 5 launches in dual flight instruction and 5 solo launches under supervision (dual flight may be conducted in a TMG))		
Bungee Launch (minimum 3 dual flight instruction or solo under supervision)		
Car Launch (minimum 10 dual flight instruction and 5 solo under supervision)		
Winch Launch (minimum 10 dual flight instruction and 5 solo under supervision)		

9. CONFIRMATION OF 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 Sailplane Pilot Licence (Sailplane).

I further certify that (Name) has passed the SPL / TMG skill test, as follows

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's Briefing' and 'Notification of Test'.

10. 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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Applicant's Name:		Licence Number:							
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SECTION 1 - PRE-FLIGHT OPERATIONS AND DEPARTURE		Pass	Partial	Fail
Use of checklist, airmanship (control of sailplane by external visual reference), look-out. Apply in all sections.				
a	Pre-flight sailplane (daily) inspection, documentation, NOTAM and weather briefing			
b	Verifying in-limits mass and balance and performance calculation			
c	Sailplane servicing compliance			
d	Pre-take-off checks			
SECTION 2 - LAUNCH METHOD				
Note: at least for one of the three launch methods all the mentioned items are fully exercised during the skill test				
SECTION 2 (A) – WINCH OR CAR LAUNCH				
a	Signals before and during launch, including messages to winch driver			
b	Adequate profile of winch launch			
c	Simulated launch failure			
d	Situational awareness			
SECTION 2 (B) – AEROTOW LAUNCH				
a	Signals before and during launch, including signals to or communications with tow plane pilot for any problems			
b	Initial roll and take-off climb			
c	Launch abandonment (simulation only or 'talk-through')			
d	Correct positioning during straight flight and turns			
e	Out of position and recovery			
f	Correct release from tow			
g	Look-out and airmanship through whole launch phase			
SECTION 2 (C) – SELF-LAUNCH (powered sailplanes only)				
a	ATC compliance (if applicable)			
b	Aerodrome departure procedures			
c	Initial roll and take-off climb			
d	Look-out and airmanship during the whole take-off			
e	Simulated engine failure after take-off			
f	Engine shut down and stowage			



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Applicant's Name:		Licence Number:							
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SECTION 3 - GENERAL AIRWORK		Pass	Partial	Fail
a	Maintain straight flight: attitude and speed control			
b	Coordinated medium (30 ° bank) turns, look-out procedures and collision avoidance			
c	Turning on to selected headings visually and with use of compass			
d	Flight at high angle of attack (critically low air speed)			
e	Clean stall and recovery			
f	Spin avoidance and recovery			
g	Steep (45 ° bank) turns, look-out procedures and collision avoidance			
h	Local area navigation and awareness			
SECTION 4 - CIRCUIT, APPROACH AND LANDING				
a	Aerodrome circuit joining procedure			
b	Collision avoidance: look-out procedures			
c	Pre-landing checks			
d	Circuit, approach control and landing			
e	Precision landing (simulation of out-landing and short field)			
f	Crosswind landing if suitable conditions available			

COMPLETED BY EXAMINER		
FCL.1030(a)(1) , I have ensured that communication with the applicant can be established without language barriers.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(a)(2) , I have verified that the applicant complies with all the qualification, training and experience requirements in Part-FCL for the issue, revalidation or renewal of the licence, rating or certificate for which the skill test, proficiency check or assessment of competence is taken	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(a)(3) , I have made the applicant aware of the consequences of providing incomplete, inaccurate or false information related to their training and flight experience.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(1) , I have informed the applicant of the result of the test.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(1) , In the event of a partial pass or fail: I have informed the applicant that he/she may not exercise the privileges of the rating until a full pass has been obtained and detailed any further training requirement and explain the applicant's right of appeal.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(3) , I have provided the applicant with a signed report of the skill test or proficiency check.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(3)(ii) , I confirm that all the required manoeuvres and exercises have been completed, as well as information on the verbal theoretical knowledge examination, when applicable. If an item has been failed, I have recorded the reasons for this assessment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030 (3)(iv)(v) In the case if the competent authority responsible for the applicant's licence is not the same that issued the examiner's certificate		
I hereby declare that I, _____, have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in version _____ of the Examiner Differences Document .	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have attached to this report a copy of the examiner certificate containing the scope of my privileges as examiner.	YES <input type="checkbox"/>	NO <input type="checkbox"/>



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Any comment on, or disagreement with, an examiner's test or check evaluation or assessment made during a debriefing:

Examiner's Name, Surname / Date / Signature

COMPLETED BY APPLICANT

I understand and agree with all above mentioned information and have no objections.

In the event of a partial pass or fail: I agree/ disagree for re-examination with the same examiner.

Applicant's Name, Surname / Date / Signature



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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.

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 SPL 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 – Licence(S), Rating(S) And/Or Certificate(S) Applied For

Tick the element you require/are applying for. In addition to the mandatory evidences/documents given in Table 1 below, applicants using an IGSA Qualification will provide a copy of the IGSA Assessment and recommendation form to support the elements selected.

Section 3 – Details of Existing Flight Crew Licence(s) held

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

Section 4 – Medical Certificate

Please enter details of your valid Part-MED Class 1, 2 or LAPL Medical Certificate.

Section 5 – English Language Proficiency (ELP)

Please enter details of your ELP assessment.

Section 6. ATO/DTO Certification

Applicants are required to have a recommendation of test and certification of compliance with the requirements ISSUED BY THE ATO/DTO at which your training was conducted. Applicants converting an IGSA Qualification shall provide a signed copy of the IGSA Recommendation in lieu of the ATO/DTO Recommendation.

Section 7 – 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. Those converting IGSA Qualifications need only complete section 3b.

Section 8 – Flying Experience – SPL

Enter the details of the hours and training requirements here. Applicants converting an IGSA Qualifications shall enter their total times and support the entries with a signed copy of the IGSA Assessment and recommendation form

Section 9 – Confirmation of Skill Test

To be completed by the Examiner. Applicants converting an IGSA Qualification shall provide evidence of a Proficiency Check in accordance with SFCL.145 SPL

Non IAA approved Examiners shall have complied with the IAA's National Administrative Procedures before completing the Notification of Test Form.as described on the IAA website: <https://www.iaa.ie/personnel-licensing/flight-examiner-standardisation>



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Section 10 – Applicant’s 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 for further advice before submitting this application.

Table 1: Supporting documentation required with the application

	Copy of Part-ORA Approved Training Organisations (ATO/DTO) Approval certificate.	Copy of Part-FCL Examiner's Approval certificate and licence. If Examiner is not approved by the IAA see Section 9 Note.	Original Qualifying Cross-Country Certificate.	Examiners Report form (applicants or copy for Competent Authority)	Certified copy of Part-MED Medical Certificate Class1 or 2 for SPL or LAPL Medical	A certified copy of your valid Passport,	Original flying log(s)
SPL							



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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 LAPL, Class 1 or 2 Medical Certificate
- Copy of your Passport.
- Copy of Part-ORA Approved Training Organisations (ATO/DTO) Approval certificate.
- Copy of your Part-FCL or theoretical knowledge examination results
- Copy of Part-FCL Examiner's Approval certificate and licence.
- Original Qualifying Cross-Country Certificate.
- Completed payment form (if paying by credit / debit card), or cheque / postal order.

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

PAYMENT FORM

The current SPL issue fee can be found under '[Fees for Flight Crew Licensing](#)' on the IAA website (www.iaa.ie). Endorsement of additional rating(s) 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)