

Helicopter - Application for Part-FCL Private Pilot Licence and Light Aircraft Pilot Licence



Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.

Unique No. (to be completed by CAA)

Please read attached Guidance Notes before completing the technical sections of this form.

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 Part FCL.015).

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

FALSE REPRESENTATION STATEMENT

It is an offence under Article 256 of the Air Navigation Order 2016 to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine up to £5000, and on conviction on indictment with an unlimited fine or up to two years imprisonment or both.

1. APPLICANT DETAILS

(The Applicant is responsible for payment of CAA charges)
To be completed by the Applicant

CAA Personal reference number (if known):

Title: Forename: Surname:

Date of birth (dd/mm/yyyy): Nationality:

Town of birth: Country of birth:

Permanent Address:

Postcode:

Telephone: Mobile telephone:

E-mail:

A certified copy of your valid Passport, EEA/EU National Identity Card or Full EU Photographic Driving Licence (see Guidance Note 1) must accompany your application as proof of identification.

2. ADDRESS FOR CORRESPONDENCE (if different from above)

To be completed by the Applicant

Postal Address:

.....

Postcode:

3. MEDICAL FITNESS

To be completed by the Applicant

State of Issue	Class of Medical Certificate held	Date of last Medical	CAA use only

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 the United Kingdom. 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 Part-FCL.015).

4. PARTICULARS OF UK OR NON-UK LICENCES HELD			To be completed by the Applicant
Issuing Authority	Type/Class of Licence	Licence No.	Expiry Date

5. RATINGS HELD						To be FULLY completed by the Applicant
Please give the date of the most recent Skill Test (LST), Licensing Proficiency Check (LPC) or Revalidation by Experience for each type and/or class rating, and any Instructor certificate to be endorsed on your Part-FCL Licence.						
Rating or Certificate held	Single Pilot (SP) or Multi-Pilot (MP)	Date of Test	Date of IR Test (if applicable)	Expiry Date of Rating	Examiners Licence Number and Name	CAA Use Only

6. APPLICATION (tick as appropriate)		To be completed by the Applicant
I am applying for Helicopter:		
PPL	☐	LAPL ☐ UK FRTOL ☐
PPL Helicopter:		
Single-Engine Piston	☐	(please specify type).....
Single-Engine Turbine	☐	(please specify type).....
Multi-Engine Turbine	☐	(please specify type).....
LAPL Helicopter:		
Single-Engine Piston	☐	(please specify type).....
Note: Any additional rating applied for, other than those mandatory for licence issue, will incur an additional charge.		

7a. FLYING EXPERIENCE – PPL HELICOPTER		To be completed by the Applicant	
	Hours Claimed	Qualifying Hours	CAA use only
Supervised Solo flight time		10	
Solo Cross-Country flight time		5	
Date of solo cross-country flight no less than 185km/100NM during which full stop landings at two aerodromes different from the aerodrome of departure have been made	Date:		
Dual instruction		25	
Credit for PIC experience in aircraft		6 (max)	
Experience in simulator (Identification No. of FTD 2/3, FNPT I/II/III or Flight Simulator used which is printed on the Qualifications Certificate issued in accordance with Commission Regulation (EU) 1178/2011).	No.....	5 (max)	
Total Hours		45	

7b. FLYING EXPERIENCE – LAPL HELICOPTER		To be completed by the Applicant	
	Hours Claimed	Qualifying Hours	CAA use only
Supervised Solo flight time		10	
Solo Cross-Country flight time		5	
Date of solo cross-country flight no less than 150km/80NM during which full stop landings at one aerodrome different from the aerodrome of departure have been made	Date:		
Date of pre-entry flight test (if applicable)	Date:		
Credit for PIC experience in aircraft after ATO assessment (if applicable)			
Dual Instruction		20	
Total Hours		40	

CAA use only

8. ATO CERTIFICATION/REGISTERED FACILITY (Tick as appropriate)**To be completed by the ATO**

I certify that (name) has satisfactorily completed a course of training for the grant of a Private Pilot's Licence ☐ or Light Aircraft Pilot 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 Private Pilot's Licence ☐ or Light Aircraft Pilot Licence ☐ in accordance with Part-FCL, CAP804 and sections 7a or 7b of this application form.

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

Approved Training Organisation (ATO): ATO Approval No:

Competent Authority issuing Approval:

Name of Head of Training:

Signature (Head of Training): Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1**9. THEORETICAL KNOWLEDGE EXAMINATIONS****To be completed by the ATO (Ground Examiner)**

Examination Paper	Exam Date	Paper No.	Mark (%)	Examination Paper	Exam Date	Paper No.	Mark (%)
Air Law				Operational Procedures Helicopter			
Human Performance				Flight Performance and Planning Helicopter			
Meteorology				Aircraft General Knowledge Helicopter			
Communications				Navigation Helicopter			
Principles of Flight Helicopter							

I certify that (name) has satisfactorily completed all of the required theoretical examinations for the grant of a Private Pilot's Licence ☐ Light Aircraft Pilot Licence ☐ in accordance with Part-FCL.

Approved Training Organisation (ATO): ATO Approval No:

Competent Authority issuing Approval:

Name of Head of Training's name or Ground Examiner:

Ground Examiner Approval Number:

Signature (Head of Training): Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1