IKAROS
AVIATION TRAINING CENTER
CY.147.001

APPLICATION FOR EXAMINATION

To: IKAROS AVIATION TRAINING CENTER

***Tel:* +357 24 534242** ***Fax:* + 357 24 534221** ***email:* jpavlou@ikaros147.com**

APPLICANT'S PERSONAL DATA (Mandatory Fields)

Please complete in **Latin characters & Capital letters ONLY**

Name : (Mr. / Mrs. / Ms.) Mr.		
Surname :		
ID Number / Passport Number:		
Date of Birth : (DD/MM/YY)		
Place of Birth:	***City/Town :***	***Country :***
Employer:		
Tel Number:		
Email:		
Address :		

Please accept my participation in the modular exams for the initial / extension of my AML – TICK **√** :

A1		B1.1		B1.2		B1.3		B1.4		B2	

Basic Knowledge Examinations in Module/s:

Module:	1	2	3	4	5	6	7A	8	9A	10	11A	11B	12	13	14	15	16	17A
MCQ:																		
ESSAY:																		

Sub modules:

EXAMS LOCATION: TICK (√) OR SPECIFY IF OTHER:

LCA	ATH	CHQ	HER	SKG	BEY	AMM	MLA	OTHER
								✔

In case of re-examination please take into consideration that a minimum of 90 days must have elapsed since the date you failed the module, or 30 days if you have attended retraining by a Part-147 organization.

Aircraft Type Examinations

Type	*B1*	*B2*	*Other*
Airbus A318/A319/A320/A321 (CFM-56)			
Airbus A319/A320/A321 (V2500)			
A330 (GE-CF6)/ (RR RB211)/ (PW4000)			
A320 to A330 – All Engines			
B 737- 600/700/800 (CFM-56)			

I do declare that the above data are correct, that I meet the requirements of Part-66 and Part-147 for my participation in the examinations, and that I have not been banned from taking part in any such examinations.

Signature:……..

Date: | ID/Passport Attached: **TICK √** : ☐