



ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
ΥΠΟΥΡΓΕΙΟ ΥΠΟΔΟΜΩΝ ΜΕΤΑΦΟΡΩΝ ΚΑΙ ΔΙΚΤΥΩΝ
ΥΠΗΡΕΣΙΑ ΠΟΛΙΤΙΚΗΣ ΑΕΡΟΠΟΡΙΑΣ
Hellenic Civil Aviation Authority
Member of EASA

EXAMINER'S AUTHORISATION REPORT

To be completed by: HCAA Aviation Safety Inspector

TYPE OF ASSESSMENT (Tick as appropriate)	a	INITIAL <input type="checkbox"/>	REVALIDATION <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	Statistics Reference Number	
	b	PPL <input type="checkbox"/> IRE <input type="checkbox"/>	CPL <input type="checkbox"/> FIE <input type="checkbox"/>	FE <input type="checkbox"/> SFE <input type="checkbox"/>		CRE <input type="checkbox"/> TRE <input type="checkbox"/>
	c	LPC <input type="checkbox"/>	OPC <input type="checkbox"/>			
	d	OTHER, eg: CRMI <input type="checkbox"/>		CRMIE <input type="checkbox"/>		
Please specify: -						

Reports for the conduct of Test for the Examiners are to be sent to Personnel Licensing Section.

SECTION A. APPLICANT & DETAILS OF ASSESSMENT						
APPLICANT					LICENCE No	
OPERATOR or ORGANISATION						
CREW UNDER CHECK (*Delete as appropriate)	P1			LICENCE No		*PASS/ *PARTIAL/ *FAIL
	P2			LICENCE No		*PASS/ *PARTIAL/ *FAIL
	F/E			LICENCE No		*PASS/ *PARTIAL/ *FAIL
Date of Assessment		Location			Flight Times	
AIRCRAFT Type		AIRCRAFT REGISTRATION			STD Code	
Serviceability of Aircraft or Simulator:						
I/F Screens fitted: Yes <input type="checkbox"/> No <input type="checkbox"/>			Adequate: Yes <input type="checkbox"/> No <input type="checkbox"/>			

SECTION B. AVIATION SAFETY INSPECTOR'S FACTUAL DETAILS OF TEST	
1. Route and Approach Aids used, and/or content of Test/Training:	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
2. Briefing: (Duration.....minutes)	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
3. Flight:	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
4. De-briefing: (Duration.....minutes)	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
5. General:	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>

6. Licences Check

- Licence valid and signed Yes No
- Medical Certificate and any restriction Yes No
- Necessary A/C types Yes No
- LPC valid and signed Yes No
- R/T Licence valid and signed Yes No
- Flight Instructor Rating Yes No
- Instructor under "grandfather rights" Yes No

All documents must be signed by the applicant (examiner) and the HCAA Inspector (observer)

SECTION C. AVIATION SAFETY INSPECTOR'S REPORT

1. Observations:

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2. REASONS for "Crew under check" FAILURE:

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3. Recommendation:

⇒ **Authorisation:**
(Tick as appropriate)

- Initial Issue
- Add Type
- Three Year Revalidation
- Change Aircraft Type
- Aircraft Only
- Simulator Only
- Aircraft and Simulator

- Suitable to conduct Operator Proficiency Checks: Yes No
- Asymmetric testing in an aircraft in flight: Yes No
- Temporary Authorisation issued: Yes No

and valid until:.....

SIGNATURE OF APPLICANT			
SIGNATURE OF HCAA INSPECTOR		DATE:	
NAME (BLOCK CAPITALS)		LICENCE No:	

SECTION D. COMMENT and ACTION RECOMMENDED BY HCAA DIRECTOR of FLIGHT STANDARDS DIVISION

	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>	REPLACEMENT <input type="checkbox"/>	REVOKE AUTHORITY <input type="checkbox"/>
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SIGNATURE OF HCAA DIRECTOR OF FLIGHT STANDARDS DIVISION			
NAME (BLOCK CAPITALS)		DATE:	