



Flight Examiner's Manual

EXAMINER'S MONTHLY REPORT

Examiner's Name: HELLENIC CAA Examiner's No.:

Licence Number : GR

Month and Year of Report:

| Date D, M, Y | Applicant's Name | Rank- PIC COPI | Type of Check | Location | Results |
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I CERTIFY THAT ABOVE DETAILS ARE CORRECT.

Examiner's Signature:

Date:

Note: Please only send monthly reports which contain activity. Subject of e-mail: NAME, Month of examination,

You may send your M-R to: monthly.reports@hcaa.gr , (pdf copy-signed, no AoC, LP/ OP Checks attached)