



ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
ΥΠΗΡΕΣΙΑ ΠΟΛΙΤΙΚΗΣ ΑΕΡΟΠΟΡΙΑΣ
HELLENIC REPUBLIC
HELLENIC CIVIL AVIATION AUTHORITY
MEMBER OF EASA



HCAA REFERENCE No.:

FSD REFERENCE No.:

(HCAA USE ONLY- Αριθμοί Πρωτοκόλλου /Χρήση ΥΠΑ μόνο)

Form No. 840

TRE / SFE MP (A) type extension
PART-FCL, Subpart K, AMC1 FCL.1015 (d) (7)

SFE (A)

TRE (A)

Name/Surname/Father's Name:

Όνομα/Επίθετο/Όνομα πατρός

ID/Passport No.:

Αριθ.ΑΤ/Διαβατηρίου

Date of birth: <i>Ημερ.γέν.:</i>		Place of birth: <i>Τόπος γέν.:</i>		Nationality: <i>Εθνικότητα:</i>	
Private Address: <i>Διεύθ. Κατοικίας:</i>			Post code: <i>Ταχ. Κώδ.:</i>		City/Country: <i>Πόλη/Χώρα:</i>
Phone/mobile: <i>Τηλ. σταθ./κιν. :</i>					Phone/fax office: <i>Τηλ./φάξ εργασίας:</i>
e-mail and additional contact info: <i>Ηλεκτρονική διεύθ./επιπρόσθετες πληρ. επικοινωνίας:</i>			Signature of applicant: <i>Υπογραφή αιτούντος/αιτούσας:</i>		
Grand total flight hours: <i>Γενικό σύνολο ωρών:</i>		PIC hours: <i>Ωρες κυβ.:</i>	COPI hours: <i>Ωρες συγκυβ.:</i>		Type/Licence number: <i>Τύπος/αριθμός αδείας:</i>
				Med. Certificate Class/ Exp. Date: <i>Κλάση/Ημερομ.λήξης πιστοπ.υγείας:</i>	
HCAA USE ONLY REMARKS (<i>Χρήση ΥΠΑ μόνο, παρατηρήσεις</i>)					
INSPECTING OFFICER		AVIATION SAFETY INSPECTOR		LICENSING DEP. DIRECTOR	
				FLIGHT STANDARDS DEP. DIRECTOR	



Applicant's Licence No.:

AMC1 FCL.1015 Examiner standardisation

(d)(7)

For extension of an examiner certificate to further types (as required for TRE), further practical training on the new type may be required, consisting of the conduct of at least one test or check profile in the role of examiner on the new type, including briefing, conduct of the skill test and proficiency check, assessment of the applicant to whom the test or check is given, debriefing and recording or documentation under the supervision of an examiner of the appropriate category on the applicable type. A further examiner check on the new type may be required, which may be supervised by an inspector of the competent authority or a suitably authorised senior examiner.

Examiner application for aircraft type: _____

Summary of conditions and instructor experience.

Valid Instructor rating:	Flight Instructor experience:	
	total	
<input type="checkbox"/> TRI(A)		HR
<input type="checkbox"/> TRI(A) restricted		HR
<input type="checkbox"/> SFI (A)		HR

Examiner Authorization:

- TRE(A) type: _____ valid until: _____
- SFE (A) type: _____ valid until: _____

Attached:

- copies of the relevant logbook pages
- License copy

- a) GR-ATPL licence with applicable type rating type:.....**
- b) Flight experience (MNM 1500 HR) hours:.....**
- c) TRI/SFI experience on applicable type hours-.....**