



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.811

Examiner's Authorisation Report
(To be completed by HCAA inspector or Senior Examiner)

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"/>

Applicant's Ex. Authorisation No.:

6. Licences Check			
• Licence valid and signed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Medical Certificate and any restriction	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Necessary A/C types	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• LPC valid and signed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• R/T Licence valid and signed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Flight Instructor Rating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Instructor under "grandfather rights"	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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

SECTION C. AVIATION SAFETY INSPECTOR'S REPORT			
1. Observations:			
2. REASONS for "Crew under check" FAILURE:			
3. Recommendation:			
⇒ Authorisation: (Tick as appropriate)	• Initial Issue	<input type="checkbox"/>	
	• Add Type	<input type="checkbox"/>	
	• Three Year Revalidation	<input type="checkbox"/>	
	• Change Aircraft Type	<input type="checkbox"/>	
	• Aircraft Only	<input type="checkbox"/>	
	• Simulator Only	<input type="checkbox"/>	
	• Aircraft and Simulator	<input type="checkbox"/>	
• Suitable to conduct Operator Proficiency Checks:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Asymmetric testing in an aircraft in flight:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Temporary Authorisation issued:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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"/>			
SIGNATURE OF HCAA DIRECTOR OF FLIGHT STANDARDS DIVISION		DATE:	
NAME (BLOCK CAPITALS)			