

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. 530(H)	SKILI	L TEST, PROF APPLICA					G / ATPL	(MPH)
initial ATPL(H)					renewal o	of expired t	ype rating with	n/without IR
□ initial type rating with/without IR					renewal I	R		
revalidation of type ratio	ng				repetition	of failed to	est/check, date	e:
Name/Surname/Father's Name: Όνομα/Επίθετο/Όνομα πατρός							D/Passport N ιθ.ΑΤ/Διαβατηρ	
Data of hinth			Diag			Nation	-1:4	
Date of birth: <i>Ημερ.γέν.:</i>			Τόπος	of birth:		Nationa Εθνικότη		
Τιμερ.γεν			101109	, γεν		Lovikon	ru.	
Private Address:			Post	code:		City/Co	untry:	
Διεύθ. Κατοικίας:			Ταχ. κ	<i>(</i> ώδ.:		Πόλη/Χώ	ρρα:	
Phone/mobile:						Phone/	fax office:	
Τηλ. σταθ./ κιν. :						Τηλ./φάξ	εργασίας:	
e-mail and additional Ηλεκτρονική διεύθ./ επιπρ				Signatu applica				
TINEKTPOVIKIJ OIEGO. J EITITIP	σουείες	πληρ. επικοινωνίας	•	Υπογραφ	ρή			
				αιτούντος	ζ/αιτούσας:	Type/Licence number:		
Grand total flight hou Γενικό σύνολο ωρών:	irs.	PIC hours:		COPI he		Τύπος/αριθμός αδείας:		
		Ωρες κυβ.:		Ωρες συγ	⁄ки <i></i> В.:			
							ertificate Cla μερομ.λήξης τ	ass/ Exp. Date: τιστοπ.υνείας:
							h-h-h	
		HCAA USE ON	ILY RE	MARKS (Χρήση ΥΠΑ	μόνο,παρ	ατηρήσεις)	
INSPECTING	AV	TATION SAFETY		LICENSING	DEP. DIRE	ECTOR	FLIGHT S	TANDARDS DEP. DIRECTOR
OFFICER		INSPECTOR						



ΥΠΕΥΘΥΝΗ ΔΗΛΩΣΗ - DECLARATION

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Με ατομική μου ευθύνη και γνωρίζοντας τις κυρώσεις (1), που προβλέπονται από τις διατάξεις της παρ. 6 του άρθρου22του Ν.1599/1986, δηλώνω ότι τα περιεχόμενα στην παρούσα αίτησή μου στοιχεία είναι ακριβή (2) και αληθή (3) και έχω πληρώσει τα αντίστοιχα τέλη. ΣΗΜΕΙΩΣΗ:

- (1) «Όποιος εν γνώσει του δηλώνει ψευδή γεγονότα ή αρνείται ή αποκρύπτει τα αληθινά με την έγγραφη υπεύθυνη δήλωση του άρθρου 8, τιμωρείται με φυλάκιση τουλάχιστον τριών μηνών. Εάν ο υπαίτιος αυτών των πράξεων σκόπευε να προσπορίσει στον εαυτό του ή σε άλλον περιουσιακό όφελος βλάπτοντας τρίτον ή σκόπευε να βλάψει άλλον, τιμωρείται με κάθειρξη μέχρι 10 ετών.
- (2) Η ακρίβεια των στοιχείων που υποβάλλονται με αυτή τη δήλωση μπορεί να ελεγχθεί με βάση το αρχείο άλλων υπηρεσιών (άρθρο 8 παρ. 4 Ν. 1599/1986).
- (3) Οιαδήποτε ψευδής παρουσίαση ή δήλωση ή απόκρυψη πληροφοριών στην παραπάνω αίτηση θα έχει ως συνέπεια την απόρριψή της, την ποινική δίωξη των υπευθύνων κατά το άρθρο 42 ή 220 του Ποινικού Κώδικα και την ανάκληση από την ΥΠΑ οποιουδήποτε ισχύοντος αεροπορικού Πτυχίου ή Πιστοποιητικού Υγείας.
- (4) Ο Ευρωπαϊκός Κανονισμός (EU) Νο. 1178/2011 όπως τροποποιήθηκε, απαιτεί όπως όλες οι άδειες/πτυχία του ενδιαφερομένου να διεκπεραιώνονται μόνο απο την Αρχή Πολιτικής Αεροπορίας που κατέχει τα ιατρικά δεδομένα αυτού. (Part MED.A.030 and Part FCL.015).

Εάν τα ιατρικά σας δεδομένα δεν βρίσκονται στην Ελληνική Υπηρεσία Πολιτικής Αεροπορίας, η αίτησή σας θα απορριφθεί.

On my own responsibility and knowing the presumable penalties (1), by the paragraph 6 of the article 22 of the N.1599/1986, I declare that the included elements in my present application are accurate (2) and true (3) and I have paid the applicable fees.

NOTE:

- (1) "Whoever, under his own knowledge, declares untrue facts or denies or withholds the true facts within his/her written declaration under the article 8, he/she will be punished with imprisonment of at least three months. If the responsible of these actions intended, for his own benefit or other's benefit, to draw financial profit harming third person or he/she intended to harm other, he/she will be punished with imprisonment for a term up to 10 years.
- (2) The accuracy of the elements that are submitted with this declaration can be checked on the basis of a check into other agency's archives (article 8 paragraphs 4 N.1599/1986).
- (3) Any untrue presentation or declaration or dissimulation of information within the above application will have as a consequence its rejection, the penal prosecution of responsible persons according to the article 42 or 220 of the Penal Code and the revocation of every valid aviation licence or Medical Certificate by the Hellenic CAA.
- (4) European Commission Regulation (EU) No. 1178/2011 as amended requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records. (Part MED.A.030 and Part FCL.015).

If your medical records are not held by the HCAA, your application will be rejected.

B . Επιπρόσθετες πληροφορίες σχετικά με την αίτησή σας/Additional information concerning your application:
Ο / Η Δηλών (ούσα) Name of Applicant:
Υπογραφή Ημερομηνία Signature: Date:



Applicant's	Licence No.:
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Instructor	last name: first name:										
licence number:					signat	ure of fli	ght instruct	or.			
The ATO confirms havin	g trained the cand		ance with approv	ved sy	/labus and tested	him to be I		he assessment o	f competence	ž.	
name of chief fligh	t instructor:					lice	ence numbe	er:			
location & date:				signature of chief flight instructor:							
1 Details of che	eck 🗆 F	PIC 🗖	СОРІ		helicopter	sim	nulator	training c	entre:		
date:	type of	helicopter	:		regist	ation/ID	nr:	sim	ulator lev	el:	
departure/destinat	ion		block-off:		block-	on:	blo	ock time:	#	of landings:	
2 Result of sk	ill test / pr	oficienc	y check*			*delete a	as necessa	ry	Applica	nt's signature	
IFR CAT	[passed	*		failed*						
revalidation, new e	expiry date: typ	oe				new exp	iry date: IR				
3 Remarks											
Examiner:	last name:						first nan	ne:			
Seat of examiner:	□ rear	□ left	□ right		Authorisa	ion & lic	ence numb	er:			
location and date:					signa	ure of fli	ght examin	er:			



Use of checklist, airmanship, A/C limitations must be respected in all sections

General flight experience report

A copy of the relevant logbook pages (flight experience & STD pages) showing the confirmed completion of the flight instruction must be attached to this form. Please make sure to note your licence number together with your signature at the bottom of the pages.

MPH	I / TR	(H) Details of conditions, ins	truction and fly	ing experienc	e before skill test		
a)	Lice	nce PPL(H) or CPL(H) or ATPL(H)		valid until:			
b)	IR (I	H) multi-engine helicopter (if applicable)	nulti-engine helicopter (if applicable)				
c)		C course or >500h multi pilot operation (R / FAR27/29 multi engine-helicopters) (passed/hours:			
d)	EAS	A Medical class 1 or 2 with IR (if neces	sary)	valid until:			
e)	theo	retical examination ATPL(H)		passed:			
f)	fligh	t experience (MNM 70 HR PIC)		hours:			
g)	mult	i-pilot helicopter experience		hours:_			
h)	theo	retical examination for type rating within	the last 6 months pr	ior to the skill test))		
				passed:			
i)		nt instruction for type rating according a pleted:	n approved syllabus	date: _			
	Α	helicopter	landings:	hours:			
	FS	flight simulator		hours:_			
	FTD	flight training device		hours:			
	ОТЕ	other training device		hours:			
a) b)		licant minimum age 21 years lose official printout of criminal record fil	e issued by state of r	esidence (maximu	m 3 months old)		
b)	Encl	ose official printout of criminal record fil	e issued by state of re	esidence (maximu	m 3 months old)		
c)	CPL	(H) licence		valid until:			
d)	IR (I	H) multi-engine helicopter (if applicable)		valid until:			
e)	MCC	Course		passed:_			
f)	EAS	A Medical class 1 with IR (if necessary))	valid until:			
g)	theo	retical examination ATPL(H)		passed:_			
h)	flight of w	t experience hich	(MNM 1000 HR)	hours: _			
	simu	ulator	(MAX 100 HR)	hours:			
		of which					
	1)	MPH experience	(MNM 350 HR)	hours:_			
	2)	PIC experience of which	(MNM 250 HR)				
		Co-pilot experience	(MAX 150 HR)				
	3)	cross country experience of which PIC or co-pilot experience as PIC	(MNM 200 HR) (MNM 100 HR)				
	4)	Instrument time	(MNM 30 HR)				
	7)	of which					
		Instrument ground time	(MAX 10 HR)				
	5)	Night flight time	(MNM 100 HR)	hours:			



Use of checklist, airmanship, A/C limitations must be respected in all sections

When type rating is included: MPH / TR(H) Details of conditions, instruction and flying experience before skill test must be completed

Applicants for the skill test for the issue of the multi-pilot helicopter type rating and ATPL(H) shall take only section 1 to 4 and, if applicable, section 6

Applicants for the revalidation or renewal of the multi-pilot helicopter type rating proficiency check shall take only section 1 to 4 and, if applicable, section 6

Instrument flight procedures (section 5) shall be performed only by applicants wishing to renew or revalidate an IR(H) for multi-pilot helicopter or extend the privileges of that type rating to another multi-pilot type. An FFS or FTD 2/3 may be used for this purpose. The starred items (*) shall be flown in actual or simulated IMC, only by applicants wishing to renew an IR(H), or extend the privileges of that rating to another type.

Where the letter "M" appears in the skill test or proficiency check column this will indicate the mandatory exercise.

A FSTD shall be used for practical training and testing if the FSTD forms part of a type-rating course. The following considerations will apply to the course:

- (a) the qualification of the FSTD as set out in JAR-OR;
- (b) the qualifications of the instructor and examiner;
- (c) the amount of FSTD training provided on the course;
- (d) the qualifications and previous experience in a types of the pilot under training in similar type and
- (e) the amount of supervised flying experience provided after the issue of the new type rating.



Use of checklist, airmanship, A/C limitations must be respected in all sections

ecti	on 1	Pre-flight preparations and checks (including Multi-Crew Cooperation)						
		1 attempt		2 attempt				
		pass	fail	pass	fail			
1.1	Helicopter exterior visual inspection; location of each item and purpose of inspection					M		
1.2	Cockpit inspection					М		
1.3	Starting procedures, radio and navigation equipment check, selection and setting of navigation and communication frequencies					М		
1.4	Taxiing/air taxiing in compliance with air traffic control instructions or on instructions of an instructor					м		
1.5	Pre take-off procedures and checks					M		
please delete as necessary		passed		failed		examiner's signature		

Secti	on 2	Flight manoeuvers and procedures (including Multi-Crew Cooperation)						
			empt	2 attempt				
		pass	fail	pass	fail			
2.1	Take offs (various profiles)					M		
2.2	Sloping ground take-offs & landing							
2.3	Take-off at maximum take-off mass (actual or simulated maximum take-off mass)							
2.4.1	Take-off with simulated engine failure shortly before reaching TDP, or DPATO					М		
2.4.2	Take-off with simulated engine failure shortly after reaching TDP, or DPATO					М		
2.5	Climbing and descending turns to specified headings					М		
2.5.1	Turns with 30° bank, 180° to 360° left and right, by sole reference to instruments					М		
2.6	Autorotative descent					М		
2.6.1	Autorotative landing or power recovery					м		
2.7	Landing, various profiles					M		
2.7.1	Go-around or landing following simulated engine failure before LDP or DPBL					М		
2.7.2	Landing following simulated engine failure after LDP or DPBL					М		
	please delete as necessary	pas	sed	fai	led	examiner's signature		



Use of checklist, airmanship, A/C limitations must be respected in all sections

Section 3				Normal and abnormal operations of the following systems and procedure						
			empt	2 atte						
	Normal and adnormal operations of the following systems	pass	fail	pass	fail	(A mandatory minimum of 3 items				
3	and procedures:					M shall be selected from this section)				
3.1	Engine									
3.2	Air conditioning (heating, ventilation)									
3.3	Pitot / static system									
3.4	Fuel system									
3.5	Electrical system									
3.6	Hydraulic system									
3.7	Flight control and Trim-system									
3.8	Anti- and de-icing system									
3.9	Autopilot / Flight director									
3.10	Stability augmentation devices									
3.11	Weather radar, radio altimeter, transponder									
3.12	Area Navigation System									
3.13	Landing gear system									
3.14	Auxiliary power unit									
	Radio, navigation equipment, instruments filght management system									
	please delete as necessary	pas	sed	fail	ed	examiner's signature				

ecti	Abnormal and emergency procedures							
			1 attempt		empt			
		pass	fail	pass	fail			
4	Abnormal and emergency procedures					(A mandatory minimum of 3 items		
	numerical and emergency procedures					M shall be selected from this section)		
4.1	Fire drills (including evacuation if applicable)							
4.2	Smoke control and removal							
4.3	Engine failures, shut down and restart at a safe height							
4.4	Fuel dumping (simulated)							
4.5	Tail rotor control failure (if applicable)							
4.5.1	Tail rotor loss (if applicable)							
4.6	Incapacitation of crew member							
4.7	Transmission malfunctions							
4.8	Other emergency procedures as outlined in the appropriate Flight Manual							
	please delete as necessar	, pas	sed	fai	led	examiner's signature		



Use of checklist, airmanship, A/C limitations must be respected in all sections

5.2	Adherence to departure and arrival routes and ATC instructions					M*
5.3	Holding procedures					
5.4	ILS-approaches down to CAT 1 decision height					
5.4.1	Manually, without flight director					M* (Skill test only)
5.4.2	Manually, with flight director					
5.4.3	With coupled autopilot					
	Manually, with one engine simulated inoperative.(Engine failure has to be simulated during final approach before passing the outer marker (OM) until touchdown or until completion of the missed approach procedure					M*
	Non-precision approach down to the minimum descent altitude MDA/MDH					M*
5.6	Go-around with all engines operating on reaching DA/DH or MDA/MDH					
5.6.1	Other missed aproach procedures					
5.6.2	Go-around with one engine simulated inoperative on reaching DA/DH or MDA/MDH					M*
5.7	IMC autorotation with power recovery					M*
5.8	Recovery from unusual attitudes					M*
	please delete as necessary	pas	sed	fai	led	examiner's signature

Use of checklist, airmanship, A/C limitations must be respected in all sections

Section 6			Use of Optional Equipment				
		1 attempt		2 attempt			
			pass	fail	pass	fail	
6	Use of optional equipment						
		please delete as necessary	passed		failed		examiner's signature