



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 015

**APPLICATION TO CHANGE THE
COMPETENT AUTHORITY OF A PART-FCL
LICENCE OR CERTIFICATE
TO GREECE (GR)**

NOTE: 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.

1. PERSONAL DETAILS:

Surname First Name(s)

Title (Mr / Mrs / Ms etc) Date of Birth (dd/mm/yyyy)

Nationality Place of Birth (Town) (Country)

Permanent address

..... Postcode

Contact Tel. No. Mobile Tel. No.

E-mail address

Address for correspondence (if different from above)

..... Postcode

2. DETAILS OF JAR-FCL OR PART-FCL LICENCE(S) HELD:

State of Issue	Type of Licence (e.g. PPL, CPL, ATPL etc)	Category of Licence (e.g. Aeroplane, Helicopter etc)	Licence Number.	Expiry Date

3. MEDICAL CERTIFICATE: (details of the 4 most recent medical certificates)

	State of Issue of Medical Certificate	Class of medical	Date of Medical Examination	AME Name, Medical Centre & Location	AME No.	Details of any Limitations / Endorsements
1.						
2.						
3.						
4.						



Applicant's Licence No.:

4. DETAILS OF INSTRUCTOR CERTIFICATE(S) HELD:

State of Issue	Type of Instructor qualification held (e.g. FI, TRI, SFI etc)	Category of Aircraft (e.g. Aeroplane, Helicopter etc)	Date of issue	Expiry Date

5. DETAILS OF EXAMINER CERTIFICATE(S) HELD:

State of Issue	Type of Examiner Certificate (e.g. FE, TRE, SFE etc)	Category of Aircraft (e.g. Aeroplane, Helicopter etc)	Date of issue	Expiry Date

6. DETAILS OF RATINGS HELD:

Give details of each **valid** Type, Class and/or Night rating(s) (as applicable) endorsed on your JAR-FCL or Part-FCL licence

Note: Expired ratings and National ratings (non-JAR-FCL / EASA) will **NOT** be transferred.

Type / Class / Night Rating held	Date of Skill Test / Proficiency Check (if applicable)	Expiry Date of Rating

7. DETAILS OF INSTRUMENT RATING(S) HELD:

Give the date of the most recent Instrument Rating Skill Test(s) and/or Proficiency Check(s) endorsed on your JAR-FCL or Part-FCL Licence.

Type / Class of Aircraft	Indicate if Test / Check was flown Single or Multi-Pilot (SP or MP)	Date of Test / Check	Expiry Date of Rating

8. DETAILS OF THEORETICAL KNOWLEDGE CREDIT HELD (IF APPLICABLE/CPL HOLDERS ONLY)

Date of final ATPL exam pass	Type of exams (State 'EASA', 'JAR-FCL' or 'National')	EASA Member State under whose authority exams were passed



Applicant's Licence No.:

9. APPLICATION AND DECLARATION:

In accordance to FCL.015 (d), I hereby apply to change Competent Authority of my Part-FCL licence and/or Certificate and for the transfer of my associated licensing and medical records to Greece.

I hereby declare that I am not the subject of any past or pending licence enforcement action in any State.

I hereby give permission to the Hellenic Civil Aviation Authority to request and receive all details concerning my Part-FCL Flight Crew Licence and my medical fitness from my current Competent Authority and to make such enquiries concerning my medical fitness as is deemed necessary.

I hereby declare that the information given in this form is true and correct to the best of my knowledge and belief.

Applicant's Signature Date

Note: It is an offence for a person to make, procure to be made, or assist in making any false representations for the purpose of procuring for any reason the issue, validation, extension or re-issue of a licence or the issue, renewal or revalidation of a rating, authorisation or certificate, whether for that person or any other person.

10. GUIDANCE NOTES:

Section 1- Personal Details

The permanent address will be entered on your Greek (GR)-issued Part-FCL Flight Crew Licence, and will also be the address to which the licence will be sent if the exchange of JAR-FCL is to be completed by post. If you want the licence sent to an alternative address please enter the details under 'correspondence address'

Section 3 – Medical Certificate

Please enter details of the last five JAR-FCL or Part-MED Medical Certificates held – if you have held JAR-FCL or Part-MED medical certificates for less than five years, just enter the details for the years that you have held a medical certificate.

Completion of these details will help to speed up the transfer process, but **DO NOT** delay sending your application to us if you do not have all of the required details available - your application can still be processed if this section is incomplete.

Section 6 – Details of Rating(s) held

Please give details of all **valid** Type, Class and/or Night ratings endorsed on your current JAR-FCL or Part-FCL Flight Crew Licence.

Note: Expired ratings and National ratings (non-JAR-FCL / EASA) will **NOT** be transferred

11. SUBMISSION INSTRUCTIONS:

Please enclose the following:-

- Copy of your existing JAR-FCL or EASA Flight Crew Licence (all pages) and valid JAR-FCL or EASA Medical Certificate
- Copy of your Passport (State of Issue / Passport Number / Photograph page(s) only) or National Identity Card
- Copy of ATPL theoretical knowledge examination results (if available / applicable – CPL holders only)
- Copy of your current JAR-FCL or EASA Medical Certificate, and if available / applicable, copies of your previous medical certificates covering up to the previous 4 years. Submission of these certificates is not essential, but **may** help to speed up the transfer process. If you do not have all of the Medical Certificates available, just send copies of those that you have.

Please note that failure to complete this form fully and submit all required documentation may result in the return of your application

Send your completed application form to:

**Hellenic Civil Aviation Authority, Flight Standards Division, Personnel Licensing Section,
P.O Box 70360, TK 160 10, Glyfada, Greece.**