



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. 521

REVALIDATION CLASS RATING SEP/TMG Part-Fcl 740 A
Training/Experience Report Form

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 (Χρήση ΥΠΑ μόνο, παρατηρήσεις)

INSPECTING OFFICER	AVIATION SAFETY INSPECTOR	LICENSING DEP. DIRECTOR	FLIGHT STANDARDS DEP. DIRECTOR
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Revalidation Class Rating SEP/ TMG

Applicant's licence number:

Summary of the experience and training for the revalidation of the CR SEP/TMG

- a) CR SEP / TMG valid until: _____
- b) JAR Medical class 1 or 2 valid from: _____
valid until: _____
- c) flight time within 12 months (on SEP / TMG) preceding the expiry date of the rating (MNM 12 HR) _____ hours
- d) PIC flight time within 12 months preceding the expiry date of the rating (on CR SEP / TMG) (MNM 6 HR) _____ hours
- e) take-offs and landings within 12 month preceding the expiry date of the rating (on CR SEP / TMG) (MNM 12 each) _____ take-offs _____ landings
- f) training flight with FI(A) / CRI(A) (MNM 1 HR) _____ hour(s) date: _____ place: _____
(on CR SEP / TMG) within 12 month preceding the expiry date of the rating

Confirmed by: **Instructor** last name: _____ first name: _____
licence number: _____
Foreign EASA-FI/CRI(A) must enclose a photocopy of the corresponding licence with entry FI(A) or CRI(A)
location & date: _____ signature of flight instructor: _____

or any other EASA Part FCL proficiency check or skill test for a class or type date: _____ place: _____
enclose a copy of the appropriate form (first page only).

Data confirmed by the Airport Authority or by Examiner (during proficiency check/ skill test)

Airport authorization number: _____
name of manager/examiner: _____ first name: _____
location and date: _____ signature manager/examiner: _____