

ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑΥΠΗΡΕΣΙΑ 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 070	Applic	ı	Part	ion of a <i>Nation</i> -FCL licence agle Pilot Helicopte		ek licence to a	
□ PPL(H)		_		3			
☐ CPL(H)							
<u> </u>					1		
Date of birth:				of birth:	Nationa		
Ημερ.γέν.:			Τόπος	, γεν.:	Εθνικότη	τα:	
Private Address:			Post	code:	City/Co	untry:	
Διεύθ. Κατοικίας:			Ταχ. Κώδ.:		Πόλη/Χώ	ιρα:	
Phone/mobile:					Phone/	fax office:	
Τηλ. σταθ./ κιν. :						εργασίας:	
				1			
e-mail and additio				Signature of applicant:			
Ηλεκτρονική διεύθ./ ετ	πιπροσ υ ετες	πληρ. επικοινωνιας:		Υπογραφή			
		T		αιτούντος/αιτούσας:	Type/Li	cence number:	_
Grand total flight Γενικό σύνολο ωρών:		PIC hours:		COPI hours:		οιθμός αδείας:	
Τενικό συνολό ωρων.		Ωρες κυβ.:		Ωρες συγκυβ.:	Med. Certificate Class/ Exp. Date: Κλάση/Ημερομ.λήξης πιστοπ.υγείας:		
					Μασιριί	μερομ.ληζης ποτοπ.υγείας.	
		HCAA USE ONL	Y RE	Ι MARKS (Χρήση ΥΠΑ	μόνο,παρι	ατηρήσεις)	
INSPECTING	1 4	IATION SAFETY		LICENSING DEP. DIRE	CTOD	FLIGHT STANDARDS DEP. DIRECTOR	
OFFICER	Av	INSPECTOR	'	LICENSING DEP. DIRE	ECTOR	FLIGHT STANDARDS DEP. DIRECTOR	



Applicant's Licence No.:

ΥΠΕΥΘΎΝΗ ΔΗΛΩΣΗ - DECLARATION

A.

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).

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

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.

1	κά με την αίτησή σας/Additional information concerning y	your application.
	_	
Η Δηλών (ούσα)		
ne of Applicant:		
ργραφή	Ημερομηνία	
nature:	Date:	



PPL (H) (VFR only)

Αŗ	pl	ica	nt's	Lic	enc	e N	lo.	:
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Summary of conditions and flying experience for conversion of a national PPL(H) to a Part-FCL PPL(H) with or without IR.

Flying hours experience and further EASA requirements for:

a) ☐ Demonstrate knowledge of the relevant parts of EASA Part-FCL (must be co	onfirmed on page 5)
b) ☐ Minimum total flying experience on helicopters of 75 hours. hour	rs:
c) \square Radio navigation (demonstrate the use of radio navigation aids)	
d) □ Radiotelephony	
e) ☐ Language Proficiency in accordance with FCL.055	
f) \square Proficiency check on single-pilot helicopter in accordance with FCL.740.H	
g)□ Part-MED medical 1 or 2 with IR issued by an authorized HCAA AME (enclose copy of valid medical certificate)	
PPL/IR (H)	
 a) □ Part-MED medical 1 or 2 issued by an authorized HCAA AME (enclose copy of valid medical certificate) b) □ Demonstrate knowledge of the relevant parts of EASA Part-FCL (must be constrained) 	onfirmed on page 5)
c) \square Minimum total flying experience in accordance with IFR on helicopters of 75	
 PPL/IR (H): the IR restricted to PPL Demonstrate knowledge of flight performance and planning as required by 	hours: / FCL.615 (b)
d) ☐ Night qualification in national licence (NIT)	
e) ☐ IR: last proficiency check	date:
f) ☐ Language Proficiency in accordance with FCL.055	
g) Proficiency check on single-pilot helicopter in accordance with FCL.740.H	



Applicant's Licence No	Э.	. :
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Summary of conditions and flying experience for conversion of a national CPL(H) to a Part-FCL CPL(H), (VFR only).

Flying hours experience and further EASA requirements for:

CPL (H) (VFR only) more than 500 HR as PIC on single-pilot helicopters (Restricted to single-pilot helicopter type rating - without night flying restricted to VFR day only operations)
a) Part-MED medical 1 issued by an authorized HCAA AME (enclose copy of valid medical certificate)
b) \square Demonstrate knowledge of the relevant parts of EASA Part-FCL (must be confirmed on page 5)
c) Night qualification in national licence (NIT)
d) \square Min. total flying exp. as PIC on SP helicopters of 500 hours. hours:
e) Language Proficiency in accordance with FCL.055
f) □ Proficiency check on single-pilot helicopter in accordance with Part-FCL.740.H
CPL (H) (VFR only) below 500 HR as PIC on single-pilot helicopters (Restricted to single-pilot helicopter type rating - without night flying restricted to VFR day only operations)
 a) □ Part-MED medical 1 issued by an authorized HCAA AME (enclose copy of valid medical certificate) b) □ Demonstrate knowledge of the relevant parts of EASA Part-FCL (must be confirmed on page 5)
c) Night qualification in national licence (NIT)
d) \square Knowledge of flight planning and flight performance as required by FCL.310
e) Language Proficiency in accordance with FCL.055
f) □ Proficiency check on single-pilot helicopter in accordance with FCL.740.H



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Summary of conditions and flying experience for conversion of a national CPL(H) to a Part-FCL CPL(H) with IR.

Flying hours experience and further EASA requirements for:

CPI /IR (H) more than 500 HR as PIC

(Restricted to single-pilot helicopter type rating)
a) □ Part-MED medical 1 with IR issued by an authorized HCAA AME (enclose copy of valid medical certificate)
b) ☐ Demonstrate knowledge of the relevant parts of EASA Part-FCL (must be confirmed on page 5)
c) Minimum total flying experience as PIC on SP of 500 hours. hours:
d) ☐ Night qualification in national licence (NIT)
e) ☐ Language Proficiency in accordance with FCL.055
f) \square Proficiency check on single-pilot helicopter in accordance with FCL.740.H
CPL/IR (H) SP below 500 HR as PIC (Restricted to single-pilot helicopter type rating)
a) Part-MED medical 1 with IR issued by an authorized HCAA AME (enclose copy of valid medical certificate)
b) ☐ Demonstrate knowledge of the relevant parts of EASA Part-FCL (must be confirmed on page 5)
c) ☐ Night qualification in national licence (NIT)
d) Demonstrate knowledge of flight planning and flight performance as required by FCL.310 and FCL.615 (b)
e) ☐ Language Proficiency in accordance with FCL.055
f) ☐ Proficiency check on single-pilot helicopter in accordance with FCL.740.H

SELF-DECLARATION:

☐ I confirm the knowledge of the relevant parts of EASA Part-FCL

The Annexes to the EASA Aircrew Regulation specify that to convert or validate a licence, the licence holder must have knowledge of the parts of Part-OPS and Part-FCL that are relevant to their activities. The HCAA will require applicants to tick a box on the appropriate application forms to certify that they have read and understood the regulations that apply to them.