



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. 625

AEROBATIC RATING (A)

Name/Surname/Father's Name:

Όνομα/Επίθετο/Όνομα πατρός

ID/Passport No.:

Αριθ.ΑΤ/Διαβατηρίου

Date of birth:

Ημερ.γέν.:

Place of birth:

Τόπος γέν.:

Nationality:

Εθνικότητα:

Private Address:

Διεύθ. Κατοικίας:

Post code:

Ταχ. Κώδ.:

City/Country:

Πόλη/Χώρα:

Phone/mobile:

Τηλ. σταθ./κιν. :

Phone/fax office:

Τηλ./φάξ εργασίας:

e-mail and additional contact info:

Ηλεκτρονική διεύθ./ επιπρόσθετες πληρ. επικοινωνίας:

Signature of applicant:

*Υπογραφή
αιτούντος/αιτούσας:*

Grand total flight hours:

Γενικό σύνολο ωρών:

PIC hours:

Ωρες κυβ.:

COPI hours:

Ωρες συγκυβ.:

Type/Licence number:

Τύπος/αριθμός αδείας:

Med. Certificate Class/ Exp. Date:

Κλάση/Ημερομ.λήξης πιστοπ.υγείας:

HCAA USE ONLY REMARKS (*Χρήση ΥΠΑ μόνο, παρατηρήσεις*)

INSPECTING
OFFICER

AVIATION SAFETY
INSPECTOR

LICENSING DEP. DIRECTOR

FLIGHT STANDARDS DEP. DIRECTOR



Applicant's Licence No.:

Summary of conditions for the issue of an AEROBATIC rating (A)

Initial issue

- a) Experience as PIC on aeroplanes or TMG, since license issue MNM 40h : _____
- b) Training Course at an ATO including
- 1) Theoretical Knowledge Instructor : _____
 - 2) Aerobatic flight instruction MNM 5h : _____
OR
MNM 20 flights : _____
- c) Name and signature of Flight Instructor: _____

Extension of Aerobatic rating from Sailplane to Aeroplane

- a) Current Sailplane License including an AEROBATIC rating latest issue date : _____
- b) Aerobatic dual flight instruction on aeroplane MNM 3 flights : _____
- c) Name and signature of Flight Instructor: _____

The undersigned confirms the above data and the completion of the aerobatic training course according the approved syllabus. Based on the performance during the course, he recommends the applicant for the issue of an AEROBATIC RATING Aeroplane:

ATO name, authorization number and stamp: _____

Head of Training, name: _____ first name: _____

location and date: _____ signature Head of Training _____