



Form
aL 740

ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
ΥΠΗΡΕΣΙΑ ΠΟΛΙΤΙΚΗΣ ΑΕΡΟΠΟΡΙΑΣ
HELLENIC REPUBLIC
HELLENIC CIVIL AVIATION AUTHORITY
MEMBER OF EASA
ΜΕΛΟΣ ΤΗΣ EASA

Αρ.Πρωτ. / Ref.No



ΑΙΤΗΣΗ
Application Form

ΠΡΟΣ: Την ΥΠΑ, Διεύθυνση Πτητικών Προτύπων, Τμήμα Πτυχιών και Αδειών, Τ.Θ. 70360, ΤΚ 160 10, Γλυφάδα, Ελλάδα
TO: The HCAA, Flight Standards Division, Licensing Section, P.O. Box 70360, TK 160 10, Glyfada, Greece

TRI MPA – Initial Issue – FCL.905.TRI

1 Type of application

I apply for the issue of: Initial TRI MPA A/C Type: _____
according to Commission Regulation (EU) No 1178/2011 Part-FCL, FCL.905.TRI

2 Applicant

Όνομα: Name:	Επώνυμο: Surname:	Όνομα Πατρός: Father's Name:	
Οδός: Street:	Τοποθεσία / Πόλη: Place / City:	ΤΚ: Post code:	Χώρα: Country:
A.Δ.Τ. ή Διαβατηρίου: ID or Passport Number:	No τηλ: Tel No:	Κινητό: Mobile:	
Ηλεκτρονικό Ταχυδρομείο: email:	Χώρα έκδοσης, Είδος & No Πτυχίου: Country, Type & No of License held:		
Ημερομηνία Γεννήσεως: Date of Birth:	Τόπος Γεννήσεως: Place of Birth:	Ιθαγένεια: Nationality:	Υπηκοότητα: Citizenship:
ΥΠΕΥΘΥΝΗ ΔΗΛΩΣΗ: DECLARATION:			
<p>A. Με ατομική μου ευθύνη και γνωρίζοντας τις κυρώσεις ⁽¹⁾, που προβλέπονται από τις διατάξεις της παρ. 6 του άρθρου 22 του Ν.1599/1986, δηλώνω ότι τα περιεχόμενα στην παρούσα αίτηση μου στοιχεία είναι ακριβή ⁽²⁾ και αληθή ⁽³⁾ και έχω πληρώσει τα αντίστοιχα τέλη.</p> <p>ΣΗΜΕΙΩΣΗ:</p> <p>⁽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.</p> <p>⁽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).</p> <p>⁽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.</p> <p><i>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.</i></p> <p>NOTE:</p> <p>⁽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.</p> <p>⁽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).</p> <p>⁽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 license or Medical Certificate by the Hellenic CAA.</p> <p>B. Ο Ευρωπαϊκός Κανονισμός (ΕΥ) Νο. 1178/2011 όπως τροποποιήθηκε, απαιτεί όπως η διαχείριση όλων των αδειών/πτυχιών του ενδιαφερομένου να πραγματοποιείται από την Αρμόδια Αρχή (ΥΠΑ), η οποία κατέχει και τα ιατρικά δεδομένα αυτού. (Part MED. A.030 and Part FCL. 015) Εάν τα ιατρικά δεδομένα δεν βρίσκονται στην Ελληνική Υπηρεσία Πολιτικής Αεροπορίας, η αίτηση θα εκκρεμεί έως την ενημέρωση των αντιστοιχών φακέλων του αιτούντος. <i>European Commission Regulation (EU) No 1178/2011 as amended, requires that an individual keeps all his/her licenses administered by the competent authority (HCAA) that holds his/her medical records. (Part MED A. 030 and Part FCL. 015)</i> <i>If the medical records of the applicant are not held by the HCAA, his/her application will be pending until the updates of his/her files.</i></p>			
Τόπος: Place:	Ημερομηνία: Date:	Υπογραφή αιτούντος: Signature of Applicant:	

ΧΡΗΣΗ ΜΟΝΟ ΑΠΟ ΤΗΝ ΥΠΑ, ΠΑΡΑΤΗΡΗΣΕΙΣ (HCAA USE ONLY, REMARKS)

Inspecting Officer	Aviation Safety Inspector	Head of Licensing Section	Director of Flight Standards Division
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3 Payment methods

Όλα τα τέλη πρέπει να προπληρωθούν. Παράλειψη συμμόρφωσης θα έχει σαν αποτέλεσμα την επιστροφή της αίτησής σας και την τελική απόρριψή της.
All fees must be paid in advance; failure to do so will cause the rejection of your application.
 Τα τέλη για τα πτυχία, τις σχετιζόμενες ικανότητες και αξιολογήσεις, περιλαμβάνονται στην πιο πρόσφατη Διυπουργική Απόφαση Τελών.
The fees for licenses, associated ratings and assessments are contained in the latest Interministerial Decision of Charges.

Συμπληρώστε τα Νούμερα των Ισχυόντων Παραβόλων ή e-Παραβόλων του Δημοσίου
 Fill in the Numbers of the valid Fees or e-Fees of the State

4 License Details

FILLED BY APPLICANT			HCAA ONLY
License Type: _____	License No: _____	<input type="checkbox"/>	<input type="radio"/>
Type ratings included in the license:	1.		<input type="radio"/>
	2.		<input type="radio"/>
	3.		<input type="radio"/>
	4.		<input type="radio"/>
	5.		<input type="radio"/>
Other ratings included in the license:	1.		<input type="radio"/>
	2.		<input type="radio"/>
	3.		<input type="radio"/>
	4.		<input type="radio"/>
	5.		<input type="radio"/>

5 Pre-requisites TRI MPA

FILLED BY APPLICANT		EXAMINER CHECK	HCAA ONLY
Multi pilot Aeroplane (MPA) flight hours	min. 1500 HR flight time as a pilot on multi-pilot aeroplanes (enclose logbooks in original or certified copy for verification) Hours: _____	<input type="checkbox"/>	<input type="radio"/>
Route sectors total (Preceding 12 months):	min. 30 route sectors (incl. take-offs and landings) as PIC or COPI on the applicable type Sectors Aeroplane: _____	<input type="checkbox"/>	<input type="radio"/>
of which	min. 15 sectors may be completed in a FFS representing the type Sectors FFS: _____	<input type="checkbox"/>	<input type="radio"/>
SUBMITTED DOCUMENTS BY APPLICANT (Mandatory - Please tick ✓)			
Certificate ATO (Non Hellenic)	<input type="checkbox"/> Certificate (copy)	<input type="checkbox"/>	<input type="radio"/>
Certificate FSTD (Non Hellenic)	<input type="checkbox"/> Certificate (copy) – if applicable	<input type="checkbox"/>	<input type="radio"/>
Certificate TRI/SFI/CFI (non Hellenic)	<input type="checkbox"/> Copy Valid until: _____	<input type="checkbox"/>	<input type="radio"/>
Document of identification	<input type="checkbox"/> Copy	<input type="checkbox"/>	<input type="radio"/>
Hellenic EASA Medical Certificate	Class 1 Valid until: _____	<input type="checkbox"/>	<input type="radio"/>
EASA Medical Certificate	<input type="checkbox"/> Class 1 (copy - if applicable) Valid until: _____	<input type="checkbox"/>	<input type="radio"/>
Completion Certificate for the full training courses by the ATO	<input type="checkbox"/> Original Document	<input type="checkbox"/>	<input type="radio"/>
Confirmation of payment of the assessment of competence fees	(see #3: payment methods)	<input type="checkbox"/>	<input type="radio"/>

FILLED BY CFI/ATO		EXAMINER CHECK	HCAA ONLY
I certify that (applicant's name) _____ has satisfactorily completed an approved course of training for the TRI MPA Type _____ Rating Instructor Certificate in accordance with the relevant syllabus		<input type="checkbox"/>	<input type="radio"/>
Teaching and learning course completed FCL.930.TRI (a)(1) Practical Training FCL.930.TRI / (a)(2)	Enclose copy of course confirmation min. 10 hours	Date: _____ <input type="checkbox"/>	<input type="radio"/>
Flying hours during the training FCL.930.TRI / (a)(3)	Min. 10 hours Aeroplane or FFS <input type="checkbox"/> Aeroplane Hours: _____ or <input type="checkbox"/> FFS Hours: _____	<input type="checkbox"/>	<input type="radio"/>
Additional Training	<input type="checkbox"/> To instruct Emergencies and abnormal attitudes in aeroplane AMC1 FCL.930.TRI / Part 3 / (i),(j),(k) <input type="checkbox"/> To conduct line flying under supervision (LIFUS) AMC1 FCL.930.TRI / Part 3 / (aa)	<input type="checkbox"/>	<input type="radio"/>
Σημείωση: FCL.930.TRI Note: - FCL.930.TRI β Στους αιτούντες που είναι ή ήταν κάτοχοι πιστοποιητικού εκπαιδευτή αναγνωρίζεται πλήρως ότι ικανοποιούν την απαίτηση της παραγράφου α) σημείο 1. - FCL.930.TRI γ Στους αιτούντες πιστοποιητικό TRI οι οποίοι είναι κάτοχοι πιστοποιητικού SFI για το σχετικό τύπο αναγνωρίζεται πλήρως ότι πληρούν τις απαιτήσεις αυτής της παραγράφου για την έκδοση πιστοποιητικού TRI περιορισμένου στην πτητική εκπαίδευση σε προσομοιωτές. - FCL.930.TRI (b) Applicants holding or having held an instructor certificate shall be fully credited towards the requirement of (a)(1). - FCL.930.TRI (c) An applicant for a TRI certificate who holds an SFI certificate for the relevant type shall be fully credited towards the requirements of this paragraph for the issue of a TRI certificate restricted to flight instruction in simulators.			

ΟΝΟΜΑ ΕΚΠΑΙΔΕΥΤΗ
FIRST NAME

ΕΠΙΘΕΤΟ ΕΚΠΑΙΔΕΥΤΗ
LAST NAME

ΝΟΥΜΕΡΟ ΕΚΠΑΙΔΕΥΤΗ
INSTRUCTOR'S NUMBER

		Υπογραφή Εκπαιδευτή Instructor's Signature

**ΥΠΟΨΗΦΙΟΣ
APPLICANT**ΟΝΟΜΑ
FIRST NAMEΕΠΙΘΕΤΟ
LAST NAMEΗΜΕΡΟΜΗΝΙΑ ΓΕΝΝΗΣΗΣ
DATE OF BIRTHΤΟΠΟΣ ΓΕΝΝΗΣΗΣ
PLACE OF BIRTH

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**ΕΞΕΤΑΣΤΗΣ
EXAMINER**ΟΝΟΜΑ
FIRST NAMEΕΠΙΘΕΤΟ
LAST NAMEΝΟΥΜΕΡΟ ΕΞΕΤΑΣΤΗ
EXAMINER'S NUMBERΘΕΣΗ ΤΟΥ ΕΞΕΤΑΣΤΗ ΣΤΟ Α/ΦΟΣ
EXAMINER'S AIRCRAFT SEAT

			Δεξιά Right <input type="checkbox"/>	Αριστερή Left <input type="checkbox"/>
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**ΑΕΡΟΣΚΑΦΟΣ
AIRCRAFT**ΤΥΠΟΣ/ΠΑΡΑΛΛΑΓΗ
TYPE/VARIANTΧΑΡΑΚΤΗΡΙΣΤΙΚΟ ΚΛΗΣΕΩΣ
REGISTRATION

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**FSTD
- IF APPLICABLE**ΤΥΠΟΣ/ΠΑΡΑΛΛΑΓΗ
TYPE/VARIANT

FSTD - ID

FFS Level

FSTD OPERATOR

LOCATION

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**ΛΕΠΤΟΜΕΡΕΙΕΣ ΤΗΣ ΠΤΗΣΗΣ
FLIGHT DETAILS**ΗΜΕΡΟΜΗΝΙΑ ΤΗΣ ΕΞΕΤΑΣΗΣ
DATE OF TESTΧΡΟΝΟΣ ΣΤΑ ΧΕΙΡΙΣΤΗΡΙΑ
TIME ON CONTROLSΑΡΙΘΜΟΣ ΠΡΟΣΓΕΙΩΣΕΩΝ
NUMBER OF LANDINGSΑΡΙΘΜΟΣ ΠΡΟΣΕΓΓΙΣΕΩΝ
NUMBER OF APPROACHES

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**ΣΚΕΛΟΣ Νο1
LEG No1**

BLOCK-OFF

ΑΝΑΧΩΡΗΣΗ / DEPARTURE

ΠΡΟΟΡΙΣΜΟΣ / DESTINATION

BLOCK-ON

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**ΣΚΕΛΟΣ Νο2
LEG No2**

BLOCK-OFF

ΑΝΑΧΩΡΗΣΗ / DEPARTURE

ΠΡΟΟΡΙΣΜΟΣ / DESTINATION

BLOCK-ON

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Όνοματεπώνυμο Υποψηφίου:
 Applicant's name: _____

CONTENT OF THE ASSESSMENT

SECTION 1a			
THEORETICAL KNOWLEDGE ORAL		1st attempt	2nd attempt
1.1	Air law		
1.2	Aircraft general knowledge		
1.3	Flight performance and planning		
1.4	Human performance and limitations		
1.5	Meteorology		
1.6	Navigation		
1.7	Operational procedures		
1.8	Principles of flight		
1.9	Training administration		
SECTION 1b			
TEST LECTURE		1st attempt	2nd attempt
1.10	Construction and structure of lesson		
1.11	Instructional technique and method		
1.12	Technical knowledge		
1.13	Use of models and aids		
1.14	Clarity of explanation and speech		
1.15	Student participation		
Sections 2 and 3 selected main exercises:			
SECTION 2			
PRE-FLIGHT BRIEFING		1st attempt	2nd attempt
2.1	Visual presentation		
2.2	Technical accuracy		
2.3	Clarity of explanation		
2.4	Clarity of speech		
2.5	Instructional technique		
2.6	Use of models and aids		
2.7	Student participation		
SECTION 3			
FLIGHT		1st attempt	2nd attempt
3.1	Arrangement of demo		
3.2	Synchronisation of speech with demo		
3.3	Correction of faults		
3.4	Aircraft/simulator handling		
3.5	Instructional technique		
3.6	General airmanship and safety, airspace observation		
3.7	Positioning and use of airspace		
SECTION 4 items 4.4 – 4.6 open and may be defined by the examiner			
ME EXERCISES		1st attempt	2nd attempt
4.1	Actions following an engine failure shortly after take-off.		
4.2	SE approach and go-around.		
4.3	SE approach and landing.		
4.4			
4.5			
4.6			

*These exercises are to be demonstrated at the assessment of competence for TRI for ME aircraft.

Τόπος:
Place:

Ημερομηνία:
Date:

Υπογραφή Εξεταστή:
Examiner's Signature:

Continued

Όνοματεπώνυμο Υποψηφίου:
Applicant's name: _____

SECTION 5

OTHER EXERCISES		1 st attempt	2 nd attempt
5.1			
5.2			
5.3			
5.4			
5.5			
5.6			
5.7			

SECTION 6

POST-FLIGHT DE-BRIEFING		1 st attempt	2 nd attempt
6.1	Visual presentation		
6.2	Technical accuracy		
6.3	Clarity of explanation		
6.4	Clarity of speech		
6.5	Instructional technique		
6.6	Use of models and aids		
6.7	Student participation		

9 Assessment of Competence Result

I have tested the applicant according to the Part-FCL

„P“ - passed	1a	1b	2	3	4	5	6
„F“ - failed							
REMARKS:							

I recommend further flight or ground training with an Instructor before re-test

Type Rating Instructor Certificate : TRI MPA TRI LIFUS TRI BASE TRN TRI FFS RESTRICTED

A/C Type: _____

PASSED

FAILED

Υπογραφή Εξεταστή
Signature of Examiner

Αναγνώριση αποτελέσματος-Υπογραφή Αιτούντος
Recognition test result-Signature of Applicant

10 National Procedure Declaration – Only for NON-HCAA EXAMINERS (To be completed by the examiner)

I hereby declare that I, * _____, have reviewed and applied the relevant national procedures and requirements of the applicant's competent Authority (HCAA- www.ypa.gr-Foreign Examiners) contained in version** _____ of the Examiner Differences Document.

* Name of Examiner

** Insert document version, i.e.: 06-2015

Date: _____ Signature of Examiner: _____

Section 4 comprises additional instructor demonstration exercises for an TRI for ME aircraft. This section, if applicable, is done in an ME aircraft, or an FFS or FNPT II simulating an ME aircraft. This section is completed in addition to sections 2, 3 and 5.

In case of the assessment is conducted in a simulator the assessment should include a minimum of 3 hours of flight instruction.

In case of the assessment is conducted in an aeroplane the assessment should include a minimum of 1 hour of flight instruction.

Each alternate revalidation of a TRI certificate shall be an assessment as described above.

When an aircraft is used for the assessment, it should meet the requirements for training aircraft.

If an aircraft is used for the test or check, the examiner acts as the PIC, except in circumstances agreed upon by the examiner when another instructor is designated as PIC for the flight.

During the skill test the applicant occupies the seat normally occupied by the instructor (instructor's seat if in an FSTD, or pilot seat if in an aircraft), except in the case of balloons. The examiner, another instructor or, for MPA in an FFS, a real crew under instruction, functions as the 'student'. The applicant is required to explain the relevant exercises and to demonstrate their conduct to the 'student', where appropriate. Thereafter, the 'student' executes the same manoeuvres (if the 'student' is the examiner or another instructor, this can include typical mistakes of inexperienced students). The applicant is expected to correct mistakes orally or, if necessary, by intervening physically.

The assessment of competence should also include additional demonstration exercises, as decided by the examiner and agreed upon with the applicant before the assessment. These additional exercises should be related to the training requirements for the applicable instructor certificate.

All relevant exercises should be completed within a period of 6 months. However, all exercises should, where possible, be completed on the same day. In principle, failure in any exercise requires a retest covering all exercises, with the exception of those that may be retaken separately. The examiner may terminate the assessment at any stage if they consider that a retest is required.