



Form
aL 745

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 Πτυχίων 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(A) – Revalidation and Renewal – FCL.940.TRI a), b)

1 Type of application

I apply for the issue of: Revalidation ☐ TRI (SPA) ☐ TRI (MPA) ☐ A/C Class/Type: _____
Renewal ☐
according to Commission Regulation (EU) No 1178/2011 Annex I (Part-FCL) FCL.940.TRI a) & FCL.940.TRI b).

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: Α. 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. 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. 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 license or Medical Certificate by the Hellenic CAA. B. Ο Ευρωπαϊκός Κανονισμός (ΕΥ) Νο. 1178/2011 όπως τροποποιήθηκε, απαιτεί όπως η διαχείριση όλων των αδειών/πτυχίων 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 αντιστοίχων φακέλων του αιτούντος. 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) 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.			
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

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 Διϋπουργική 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 SUMMARY OF REQUIREMENTS FOR REVALIDATION / RENEWAL

Expiry date of TRI(A) Certificate

Date: _____

Last TRI(A) assessment of competence

Date: _____

4a REVALIDATION

REVALIDATION of a TRI(A) Certificate the applicant shall, within the 12 months preceding the expiry date of the TRI certificate fulfil one of the following 3 requirements:

**EXAMINER
CHECK**

**HCAA
ONLY**

1) conduct one of the following parts of a complete type rating training course:

- simulator session of at least 3 hours

☐ Simulator Session
Min 3 hours

Simulator hours: _____

FSTD Certificate Ref: _____

date: _____

or

- one air exercise of at least 1 hour comprising a minimum of 2 take-offs and landings;

☐ Air Exercise
Min 1 hour

Flight time (hours): _____

Aeroplane type: _____

No of take-offs: _____

No of landings: _____

place: _____

date: _____

2) receive refresher training as a TRI at an ATO;

Flying Hours during the training:

☐ Aeroplane: hours: _____

☐ FSTD: hours: _____

Simulator level: _____

FSTD Certificate Ref: _____

FSTD Registration: _____

date: _____

or

3) pass the assessment of competence in accordance with FCL.935.

date: _____

4b RENEWAL

RENEWAL of a TRI(A) Certificate the applicant shall have:			EXAMINER CHECK	HCAA ONLY
1) completed within the last 12 months preceding the application at least 30 route sectors, to include take-offs and landings on the applicable aeroplane type, of which not more than 15 sectors may be completed in a flight simulator;	<input type="checkbox"/> FFS (Route sectors total) max 15 <input type="checkbox"/> Aeroplane max 30 / min 15	No of route sectors: _____ No of route sectors: _____	<input type="checkbox"/>	<input type="radio"/>
2) receive refresher training as a TRI at an ATO;	Flying Hours during the training: _____ <input type="checkbox"/> Aeroplane: hours: _____ <input type="checkbox"/> FSTD: hours: _____ Simulator level: _____ FSTD Certificate Ref: _____ FSTD Registration: _____ date: _____		<input type="checkbox"/>	<input type="radio"/>
3) conducted on a complete type rating course at least 3 hours of flight instruction on the applicable type of aeroplane under the supervision of a TRI(A).	Flight time (hours): _____ Aeroplane type: _____ date: _____		<input type="checkbox"/>	<input type="radio"/>

ΟΝΟΜΑ ΕΠΙΒΛΕΠΟΝΤΟΣ ΕΚΠΑΙΔΕΥΤΗ
TRI(A) SUPERVISOR'S FIRST NAME

ΕΠΙΘΕΤΟ ΕΠΙΒΛΕΠΟΝΤΟΣ ΕΚΠΑΙΔΕΥΤΗ
TRI(A) SUPERVISOR'S LAST NAME

ΝΟΥΜΕΡΟ ΕΠΙΒΛΕΠΟΝΤΟΣ ΕΚΠΑΙΔΕΥΤΗ
TRI(A) SUPERVISOR'S NUMBER

Υπογραφή Επιβλέποντος Εκπαιδευτή
TRI(A) Supervisor's Signature

5a Declaration by the Applicant for Refresher Training (REVALIDATION)

FILLED BY THE APPLICANT	EXAMINER CHECK	HCAA ONLY
I have received a TR Instructor's Refresher Training in accordance with the syllabus approved by the Authority for the revalidation of the:	<input type="checkbox"/>	<input type="radio"/>
- Type Rating Instructor Certificate <input type="checkbox"/> TRI SPA <input type="checkbox"/> TRI MPA		
Name of Applicant: _____		
License Number: _____		
Signature: _____		

5b Declaration by the Applicant for Approved Training Course (RENEWAL)

FILLED BY THE APPLICANT	EXAMINER CHECK	HCAA ONLY
I have received a TR Instructor's Training Course in accordance with the syllabus approved by the Authority for the renewal of the:	<input type="checkbox"/>	<input type="radio"/>
- Type Rating Instructor Certificate <input type="checkbox"/> TRI SPA <input type="checkbox"/> TRI MPA		
Name of Applicant: _____		
License Number: _____		
Signature: _____		

6a Declaration by the Chief Flight Instructor for Refresher Training (REVALIDATION)

FILLED BY CFI/ATO		EXAMINER CHECK	HCAA ONLY
I certify that (applicant's name) _____ has satisfactorily completed an approved TR Instructor's Refresher Training in accordance with the relevant syllabus and above mentioned date and place for the revalidation of the:		<input type="checkbox"/>	<input type="radio"/>
- Type Rating Instructor Certificate <input type="checkbox"/> TRI SPA <input type="checkbox"/> TRI MPA			
Name and Certificate number of ATO: _____ / _____			
ΟΝΟΜΑ ΕΚΠΑΙΔΕΥΤΗ FIRST NAME	ΕΠΙΘΕΤΟ ΕΚΠΑΙΔΕΥΤΗ LAST NAME	ΝΟΥΜΕΡΟ ΕΚΠΑΙΔΕΥΤΗ INSTRUCTOR'S NUMBER	
		Υπογραφή Εκπαιδευτή Instructor's Signature	

6b Declaration by the Chief Flight Instructor for Approved Training Course (RENEWAL)

FILLED BY CFI/ATO		EXAMINER CHECK	HCAA ONLY
I certify that (applicant's name) _____ has satisfactorily completed an approved TR Instructor's Training Course in accordance with the relevant syllabus and above mentioned date and place for the renewal of the:		<input type="checkbox"/>	<input type="radio"/>
- Type Rating Instructor Certificate <input type="checkbox"/> TRI SPA <input type="checkbox"/> TRI MPA			
Name and Certificate number of ATO: _____ / _____			
ΟΝΟΜΑ ΕΚΠΑΙΔΕΥΤΗ FIRST NAME	ΕΠΙΘΕΤΟ ΕΚΠΑΙΔΕΥΤΗ LAST NAME	ΝΟΥΜΕΡΟ ΕΚΠΑΙΔΕΥΤΗ INSTRUCTOR'S NUMBER	
		Υπογραφή Εκπαιδευτή Instructor's Signature	

ΥΠΟΨΗΦΙΟΣ
APPLICANTΟΝΟΜΑ
FIRST NAMEΕΠΙΘΕΤΟ
LAST NAMEΗΜΕΡΟΜΗΝΙΑ ΓΕΝΝΗΣΗΣ
DATE OF BIRTHΤΟΠΟΣ ΓΕΝΝΗΣΗΣ
PLACE OF BIRTH**ΕΞΕΤΑΣΤΗΣ (TRE)**
EXAMINER (TRE)ΟΝΟΜΑ
FIRST NAMEΕΠΙΘΕΤΟ
LAST NAMEΝΟΥΜΕΡΟ ΕΞΕΤΑΣΤΗ
EXAMINER'S NUMBERΘΕΣΗ ΤΟΥ ΕΞΕΤΑΣΤΗ ΣΤΟ Α/ΦΟΣ
EXAMINER'S AIRCRAFT SEATΔεξιά
Right
☐Αριστερή
Left
☐**ΑΕΡΟΣΚΑΦΟΣ**
AIRCRAFTΤΑΞΗ/ΤΥΠΟΣ/ΠΑΡΑΛΛΗΛΗ
CLASS/TYPE/VARIANTΧΑΡΑΚΤΗΡΙΣΤΙΚΟ ΚΛΗΣΕΩΣ
REGISTRATION**FSTD**
- IF APPLICABLEΤΑΞΗ/ΤΥΠΟΣ/ΠΑΡΑΛΛΗΛΗ
CLASS/TYPE/VARIANT

FSTD - ID

FFS Level

FSTD OPERATOR

LOCATION

ΛΕΠΤΟΜΕΡΕΙΕΣ ΤΗΣ ΠΤΗΣΗΣ
FLIGHT DETAILSΗΜΕΡΟΜΗΝΙΑ ΤΗΣ ΕΞΕΤΑΣΗΣ
DATE OF TESTΧΡΟΝΟΣ ΣΤΑ ΧΕΙΡΙΣΤΗΡΙΑ
TIME ON CONTROLSΑΡΙΘΜΟΣ ΠΡΟΣΓΕΙΩΣΕΩΝ
NUMBER OF LANDINGSΑΡΙΘΜΟΣ ΠΡΟΣΕΓΓΙΣΕΩΝ
NUMBER OF APPROACHES**ΣΚΕΛΟΣ Νο1**
LEG No1

BLOCK-OFF

ΑΝΑΧΩΡΗΣΗ / DEPARTURE

ΠΡΟΟΡΙΣΜΟΣ / DESTINATION

BLOCK-ON

ΣΚΕΛΟΣ Νο2
LEG No2

BLOCK-OFF

ΑΝΑΧΩΡΗΣΗ / DEPARTURE

ΠΡΟΟΡΙΣΜΟΣ / DESTINATION

BLOCK-ON

Ονοματεπώνυμο Υποψηφίου:

Applicant's name: _____

CONTENT OF THE ASSESSMENT

SECTION 1a**THEORETICAL KNOWLEDGE ORAL**

		1 st attempt	2 nd 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**

		1 st attempt	2 nd 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**

		1 st attempt	2 nd 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**

		1 st attempt	2 nd 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**

		1 st attempt	2 nd 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

Ονοματεπώνυμο 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 SPA ☐ TRI LIFUS
☐ TRI BASE TRN ☐ TRI FFS RESTRICTED

A/C Type: _____

☐ PASSED☐ FAILEDΥπογραφή Εξεταστή
Signature of ExaminerΑναγνώριση 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 (instructors 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.