



Form  
aL 811

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

Αρ.Πρωτ. / Ref.No



## EXAMINER'S AUTHORISATION REPORT

To be completed by: HCAA Aviation Safety Inspector (Licensing Section)

### 1 Type of assessment (tick as appropriate)

a	INITIAL <input type="checkbox"/>	REVALIDATION <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	or EXTENSION OF PRIVILEGES <input type="checkbox"/>		
b	FE <input type="checkbox"/>	CRE <input type="checkbox"/>	IRE <input type="checkbox"/>	FIE <input type="checkbox"/>	SFE <input type="checkbox"/>	TRE <input type="checkbox"/>
c	LPC <input type="checkbox"/>	OPC <input type="checkbox"/>				
AIRCRAFT TYPE(S) or CLASS(ES):						

Reports for the conduct of Test for the Examiners are to be sent to Personnel Licensing Section.

### 2 Examiner Applicant and Details of Assessment

APPLICANT EXAMINER					LICENSE No	
OPERATOR or ORGANISATION						
CREW UNDER CHECK (*Delete as appropriate)	P1		LICENSE No		*PASS/ *PARTIAL/ *FAIL	
	P2		LICENSE No		*PASS/ *PARTIAL/ *FAIL	
	F/E		LICENSE No		*PASS/ *PARTIAL/ *FAIL	
Date of Assessment		Location		Flight Time		
AIRCRAFT Type		AIRCRAFT REGISTRATION		STD Code		
Serviceability of Aircraft or Simulator:						
I/F Screens fitted: Yes <input type="checkbox"/> No <input type="checkbox"/>			Adequate: Yes <input type="checkbox"/> No <input type="checkbox"/>			

### 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 Details of Examiner applicant's license

FILLED BY EXAMINER APPLICANT					INSPECTOR CHECK	HCAA ONLY
License Grade	License Ref. No	Expiry Date (if applicable)	Type Rating or LPC	Expiry Date		
					○	○

## 5 Details of Examiner applicant's Instructor Certificate(s) held

FILLED BY EXAMINER APPLICANT			INSPECTOR CHECK	HCAA ONLY
Type / Privileges of Instructor Certificate	Certificate Expiry Date	Restrictions (e.g. Simulator (FFS) only, etc.)		
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>

## 6 Details of Examiner applicant's Examiner Certificate(s) held

FILLED BY EXAMINER APPLICANT			INSPECTOR CHECK	HCAA ONLY
Type / Privileges of Examiner Certificate	Certificate Expiry Date	Restrictions (e.g. Simulator (FFS) only, etc.)		
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>

## 7 Flying Experience

FILLED BY EXAMINER APPLICANT			INSPECTOR CHECK	HCAA ONLY
Flight Time as Pilot of Aircraft applicable to this application <i>(state Type / Class)</i>		Total Flight Time as PIC on Aircraft applicable to this application <i>(state Type / Class)</i>	<input type="radio"/>	<input type="radio"/>

## 8 Flying Experience as Instructor

FILLED BY EXAMINER APPLICANT				INSPECTOR CHECK	HCAA ONLY
1. TYPE OF INSTRUCTION	HOURS	2. TYPE OF INSTRUCTION	HOURS		<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>

## 9 REVALIDATION (FCL.1025)

FILLED BY EXAMINER APPLICANT (#1) and by HCAA INSPECTOR (#2 & #3)				INSPECTOR CHECK	HCAA ONLY
	Year 1	Year 2	Year 3		
1. State the No. of Skill Tests / Proficiency Checks / Assessments of Competence conducted during each yearly period of examiner authorisation held.				<input type="radio"/>	<input type="radio"/>
2. Date/Place of attendance at <b>HCAA Approved Examiner Refresher Seminar</b> (must be in last year of certificate validity).					<input type="radio"/>
3. Date/Place of <b>Assessment of Skill Test / Proficiency Check</b> conducted in last year of certificate validity by an <b>HCAA Inspector</b> .					<input type="radio"/>

## 10 RENEWAL (to be completed for Examiner Renewal application only)

FILLED BY HCAA INSPECTOR		INSPECTOR CHECK	HCAA ONLY
1. Date/Place of attendance at <b>HCAA Approved Examiner Refresher Seminar</b> (must be in last year of certificate validity).			<input type="radio"/>
2. Date/Place of <b>Assessment of Competence</b> by an <b>HCAA Inspector (FCL.1020)</b>			<input type="radio"/>

## 11 EXAMINER APPLICANT'S DECLARATION

FILLED BY EXAMINER APPLICANT	INSPECTOR CHECK	HCAA ONLY
<p>I declare that:</p> <ol style="list-style-type: none"> <li>I do not hold a Part-FCL Examiner Certificate issued in another Member State</li> <li>I have not applied for any Part-FCL Examiner Certificate in another Member State</li> <li>I have never held a Part-FCL Examiner Certificate issued in another Member State which was revoked or suspended</li> <li>I have not been subject to any sanctions, including the suspension, limitation or revocation of any of my licenses, ratings or certificates issued in accordance with the Part-FCL, for non-compliance with the Basic Regulation and its Implementing Rules during the last 3 years.</li> <li>I have submit an official printout of criminal record file issued by the State of Residence (max. 3 months old)</li> </ol> <p>Examiner Applicant</p> <p>Signature: _____ Date: _____</p>	<input type="radio"/>	<input type="radio"/>

## 12 GENERAL GUIDANCE TO EXAMINER APPLICANTS

### Examiners assessment of competence (see AMC1 FCL.1020)

- Applicants for an examiner certificate shall demonstrate their competence to an inspector from the Hellenic Civil Aviation Authority through the conduct of a skill test, proficiency check or assessment of competence in the examiner role for which privileges are sought, including briefing, conduct of the skill test, proficiency check or assessment of competence, and assessment of the person to whom the test, check or assessment is given, debriefing and recording documentation.
- An inspector of the HCAA will observe the examiner applicant conducting a test on a 'candidate' in a Full Flight Simulator (FFS) for which examiner certificate is sought. Items from the related training course and test or check schedule will be selected by the inspector for examination of the 'candidate' by the examiner applicant. Having agreed with the inspector the content of the test, the examiner applicant will be expected to manage the entire test. This will include briefing, the conduct of the flight, assessment and debriefing of the 'candidate'. The inspector will discuss the assessment with the examiner applicant before the 'candidate' is debriefed and informed of the result.
- A line crew or crewmember under check will form the 'candidate(s)' under check. The Inspector from the HCAA will be ultimately responsible for the conduct of the check and is the Authorised Examiner for the test, check or assessment of competence.
- During the skill test or proficiency check the TRE applicant occupies the Instructor Operation Station in a Full Flight Simulator (FFS).

13 Aviation Safety Inspector's Factual details of test

a Examiner Applicant's License check

• Licence valid and signed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Medical Certificate and any restriction	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Necessary A/C types	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• LPC valid and signed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Flight Instructor Rating	Yes <input type="checkbox"/>	No <input type="checkbox"/>

b Declaration by the Examiner Applicant:

I understand that i am undertaking an Assessment of Competence in the role of Examiner and must pass the following sections c(1) through c(6).

Examiner Applicant Signature:		Date:	
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c EXAMINER ASSESSMENT OF COMPETENCE REPORT FORM

Section 1 BRIEFING THE CANDIDATE (AMC 1 FCL.1020 – (d))

ITEM No	DESCRIPTION	PASS	FAIL	COMMENTS
<b>Note:</b> The 'candidate' should be given time and facilities to prepare for the test flight. The briefing should cover the following (as applicable):				
1	the objective of the flight	<input type="checkbox"/>	<input type="checkbox"/>	
2	licensing checks, as necessary	<input type="checkbox"/>	<input type="checkbox"/>	
3	freedom for the 'candidate' to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	
4	operating capacity of 'candidate'	<input type="checkbox"/>	<input type="checkbox"/>	
5	aims to be identified by 'candidate'	<input type="checkbox"/>	<input type="checkbox"/>	
6	simulated weather assumptions (for example icing and cloud base)	<input type="checkbox"/>	<input type="checkbox"/>	
7	contents of exercise to be performed	<input type="checkbox"/>	<input type="checkbox"/>	
8	agreed speed and handling parameters (e.g. V- speeds, approach minima)	<input type="checkbox"/>	<input type="checkbox"/>	
9	respective roles of examiner	<input type="checkbox"/>	<input type="checkbox"/>	

Section 2 CONDUCT OF TEST (AMC 1 FCL.1020 – (e))

ITEM No	DESCRIPTION	PASS	FAIL	COMMENTS
<b>Note:</b> The examiner applicant should maintain the necessary level of communication with the 'candidate'. The following check details should be followed by the examiner applicant (as applicable):				
1	the need to give the 'candidate' precise instructions	<input type="checkbox"/>	<input type="checkbox"/>	
2	responsibility for safe conduct of the flight	<input type="checkbox"/>	<input type="checkbox"/>	
3	intervention by examiner, when necessary	<input type="checkbox"/>	<input type="checkbox"/>	
4	use of R/T	<input type="checkbox"/>	<input type="checkbox"/>	
5	keeping brief, factual and unobtrusive notes	<input type="checkbox"/>	<input type="checkbox"/>	

## Section 3 ASSESSMENT

(AMC 1 FCL.1020 – (f))

ITEM No	DESCRIPTION	PASS	FAIL	COMMENTS
<b>Note:</b> The examiner applicant should refer to the flight test tolerances given in the relevant skill test or proficiency check. Attention should be paid to the following points (as applicable):				
1	questions from the 'candidate'	<input type="checkbox"/>	<input type="checkbox"/>	
2	give results of the test and any sections failed	<input type="checkbox"/>	<input type="checkbox"/>	
3	give reasons for failure	<input type="checkbox"/>	<input type="checkbox"/>	

## Section 4 DEBRIEFING

(AMC 1 FCL.1020 – (g))

ITEM No	DESCRIPTION	PASS	FAIL	COMMENTS
<b>NOTE:</b> The examiner applicant should demonstrate to the inspector the ability to conduct a fair, unbiased debriefing of the 'candidate' based on identifiable factual items. A balance between friendliness and firmness should be evident. The following points should be discussed with the 'candidate', at the applicant's discretion:				
1	advise the candidate on how to avoid or correct mistakes	<input type="checkbox"/>	<input type="checkbox"/>	
2	mention any other points of criticism noted	<input type="checkbox"/>	<input type="checkbox"/>	
3	give any advice considered helpful	<input type="checkbox"/>	<input type="checkbox"/>	

## Section 5 RECORDING OF DOCUMENTATION

(AMC 1 FCL.1020 – (h))

ITEM No	DESCRIPTION	PASS	FAIL	COMMENTS
<b>NOTE:</b> The examiner applicant should demonstrate to the inspector the ability to complete the relevant records correctly. These records may be:				
1	the relevant test or check form	<input type="checkbox"/>	<input type="checkbox"/>	
2	license entry	<input type="checkbox"/>	<input type="checkbox"/>	
3	notification of failure form	<input type="checkbox"/>	<input type="checkbox"/>	
4	relevant company forms where the examiner has privileges of conducting operator proficiency checks	<input type="checkbox"/>	<input type="checkbox"/>	

## Section 6 DEMONSTRATION OF THEORETICAL KNOWLEDGE

(AMC 1 FCL.1020 – (i))

ITEM No	DESCRIPTION	PASS	FAIL	COMMENTS
1	The examiner applicant should demonstrate to the inspector a satisfactory knowledge of the regulatory requirements associated with the function of an examiner	<input type="checkbox"/>	<input type="checkbox"/>	

**d NOTIFICATION OF COMPLETION OF ASSESSMENT OF COMPETENCE**

**1 OBSERVATIONS:**

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**2 REASONS FOR «CREW UNDER CHECK» FAILURE:**

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**3 RECOMMENDATION:**

- Authorisation:**  
(Tick as appropriate)
- Initial Issue
  - Add Type
  - Three Year Revalidation
  - Change Aircraft Type
  - Aircraft Only
  - Simulator Only
  - Aircraft and Simulator

- Suitable to conduct Operator Proficiency Checks: Yes  No
- Asymmetric testing in an aircraft in flight: Yes  No

Authorisation valid until:.....

**4 RESULT (tick ✓)**

PASS       FAIL

**COMMENTS (If result is Fail, report details)**

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**5 EXAMINER APPLICANT**

<b>Signature:</b>		<b>Date:</b>	
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**6 HCAA INSPECTOR**

<b>Name:</b> (Block Capitals)			
<b>Signature:</b>		<b>Date:</b>	

**14 Comment and Action Recommended by HCAA Director of FSD**

PASS       FAIL       REPLACEMENT       REVOKE AUTHORITY

<b>Name:</b> (Block Capitals)			
<b>Signature:</b>		<b>Date:</b>	