



Form
aL 830

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

EXAMINER CERTIFICATE – Revalidation / Renewal – EASA Part-FCL Subpart K

1 Type of application

I apply for the: ☐ Revalidation ☐ Renewal of: ☐ FE(A) ☐ IRE(A) ☐ CRE(A) ☐ FIE(A) ☐ TRE(A) ☐ SFE(A)
according to Commission Regulation (EU) No 1178/2011 Part-FCL, Subpart K (FCL.1000)

2 Examiner Applicant

Όνομα: Name:	Επώνυμο: Surname:	Όνομα Πατρός: Father's Name:	
Οδός: Street:	Τοποθεσία / Πόλη: Place / City:	ΤΚ: Post code:	Χώρα: Country:
Α.Δ.Τ. ή Διαβατηρίου: ID or Passport Number:		Νο τηλ: Tel No:	Κινητό: Mobile:
Ηλεκτρονικό Ταχυδρομείο: email:		Χώρα έκδοσης, Είδος & Νο 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. <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> 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. Β. 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 φακέλλων 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) 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>			
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 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		
					<input type="radio"/>	<input type="radio"/>

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 (state Type / Class)		Total Flight Time as PIC on Aircraft applicable to this application		<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"/>
3. Type of instruction	hours: _____	4. Type of instruction	hours: _____	<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	<input type="radio"/>	<input type="radio"/>
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 HCAA Approved Examiner Refresher Seminar (must be in last year of certificate validity).					<input type="radio"/>
3. Date/Place of Assessment of Skill Test / Proficiency Check conducted in last year of certificate validity by an HCAA Inspector.					<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 HCAA Approved Examiner Refresher Seminar (must be in last year of certificate validity).			<input type="radio"/>
2. Date/Place of Assessment of Competence by an HCAA Inspector. (FCL.1020)			<input type="radio"/>

11 EXAMINER APPLICANT'S DECLARATION

	INSPECTOR CHECK	HCAA ONLY
<p>I declare that:</p> <ol style="list-style-type: none"> I do not hold a Part-FCL Examiner Certificate issued in another Member State I have not applied for any Part-FCL Examiner Certificate in another Member State I have never held a Part-FCL Examiner Certificate issued in another Member State which was revoked or suspended 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. I have submit an official printout of criminal record file issued by the State of Residence (max. 3 months old) <p>Examiner Applicant</p> <p>Signature: _____ Date: _____</p>	<input type="radio"/>	<input type="radio"/>

Examiners assessment of competence (see AMC1 FCL.1020)

1. 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.
2. 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.
3. 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.
4. During the skill test or proficiency check the TRE applicant occupies the Instructor Operation Station in a Full Flight Simulator (FFS).