



Form
aL 220

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

Issue of a Private Pilot License - PPL(A) – AMC1 FCL.235

1 Type of application

I apply for the issue of: PPL(A)
(Initial Skill Test) According to Part-FCL Subpart C

REPETITION OF PARTIAL PASSED SKILL TEST

REPETITION OF FAILED SKILL TEST

from date: _____

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:

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.

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 απόρριψη 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/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 φακέλλων 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:
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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 Confirmation of the *theoretical training* by the ATO

Από (Ημ/νία)
From (Date)

Έως (Ημ/νία)
Until (Date)

Προϊστάμενος Εκπαίδευσης(Όνομ/μο)
Head of Training (Full Name)

ATO (Αριθμός Έγκρισης)
ATO (Approval Number)

Υπογραφή του Προϊστάμενου Εκπαίδευσης & Σφραγίδα ATO
Signature of Head of Training and Seal of ATO

Ο Προϊστάμενος της Εκπαίδευσης επιβεβαιώνει ότι η εκπαίδευση έγινε σε συμμόρφωση με τις διατάξεις του Part-FCL και των εγκεκριμένων εγχειριδίων εκπαίδευσης, και ότι ο αιτών κατέχει όλες τις σχετικές θεωρητικές γνώσεις για να συμμετάσχει στη θεωρητική εξέταση.

The Head of Training confirms that the training was performed in compliance with the provision of Part-FCL and the approved training manuals, and that the applicant possesses all relevant theoretical knowledge to take the theoretical examination.

5 Confirmation of the successfully passed theoretical examination (to be filled by the HCAA)

Όνομ/μο και Υπογραφή του Υπεύθυνου Υπαλλήλου
Name and Signature of the Responsible Official

Ημερομηνία και σφραγίδα της ΥΠΑ
Date and Seal of HCAA

6 Confirmation of the *flight training* by the ATO

Από (Ημ/νία)
From (Date)

Έως (Ημ/νία)
Until (Date)

Προϊστάμενος Εκπαίδευσης(Όνομ/μο)
Head of Training (Full Name)

ATO (Αριθμός Έγκρισης)
ATO (Approval Number)

Υπογραφή του Προϊστάμενου Εκπαίδευσης & Σφραγίδα ATO
Signature of Head of Training and Seal of ATO

Ο Προϊστάμενος της Εκπαίδευσης επιβεβαιώνει ότι η εκπαίδευση έγινε σε συμμόρφωση με τις διατάξεις του Part-FCL και των εγκεκριμένων εγχειριδίων εκπαίδευσης, και ότι ο αιτών κατέχει όλες τις σχετικές γνώσεις και δεξιότητες για να συμμετάσχει στην δοκιμασία δεξιοτήτων στην παρακάτω Τάξη ή στον παρακάτω Τύπο α/φους :

The Head of Training confirms that the training has been performed in compliance with Part-FCL and the approved training manuals, and that the applicant possesses all relevant knowledge and skills to take the skill test on the following Class/Type:

7 Attached documents

ATTACHED DOCUMENTS (Mandatory - Please tick ✓)	REQUIREMENTS	FILLED BY ATO	EXAMINER CHECK	HCAA ONLY
Applicant's minimum age	17 years	AGE: _____	<input type="checkbox"/>	<input type="radio"/>
Hellenic EASA Medical Certificate	<input type="checkbox"/> Class 2 (Copy)	Valid until: _____	<input type="checkbox"/>	<input type="radio"/>
Document of identification	<input type="checkbox"/> Copy		<input type="checkbox"/>	<input type="radio"/>
English Language Test for Aviation	<input type="checkbox"/> ≥ Level 4 (Copy)	Level: ____ Valid until: _____		<input type="radio"/>
Logbook filled and signed	<input type="checkbox"/> Logbook & copy for verification	Total Hours: _____	<input type="checkbox"/>	<input type="radio"/>

7 Attached documents

Continued

ATTACHED DOCUMENTS (Please tick ✓) (continued)	REQUIREMENTS	FILLED BY ATO	EXAMINER CHECK	HCAA ONLY
Completion Certificate for the full training course by the ATO <input type="checkbox"/>	Original Document		<input type="checkbox"/>	<input type="radio"/>
Theoretical examination PPL(A)	Passed	Date: _____ Rate: _____	<input type="checkbox"/>	<input type="radio"/>
Confirmation of payment of the required fees	(see #3: payment methods)	Please fill correctly the original receipt's number on #3 above	<input type="checkbox"/>	<input type="radio"/>

8 Summary of knowledge and flight experience before the skill test is taken

PPL(A) course: Summary of conditions and flying experience

Flight Experience and training	REQUIREMENTS	FILLED BY ATO	EXAMINER CHECK	HCAA ONLY
Total Flying experience on aeroplanes and TMGs	min. 45 hours	Hours: _____	<input type="checkbox"/>	<input type="radio"/>
1) Dual flight instruction	min. 25 hours	Hours: _____	<input type="checkbox"/>	<input type="radio"/>
1.i) thereof on an FSTD	max. 5 hours	Hours: _____	<input type="checkbox"/>	<input type="radio"/>
2) Solo flight time	min. 10 hours	Hours: _____	<input type="checkbox"/>	<input type="radio"/>
thereof				
2.i) solo cross-country flight including: (Solo VFR cross-country flight):	min 5 hours	Hours: _____	<input type="checkbox"/>	<input type="radio"/>
leg 1 DEP _____ DEST _____		KM/NM _____	<input type="checkbox"/>	<input type="radio"/>
leg 2 DEP _____ DEST _____		KM/NM _____	<input type="checkbox"/>	<input type="radio"/>
leg 3 DEP _____ DEST _____		KM/NM _____	<input type="checkbox"/>	<input type="radio"/>
Total	MNM 270 Km / 150 NM great circle distance)	KM/NM _____	<input type="checkbox"/>	<input type="radio"/>
3) Credits according FCL.210.A¹				
3.i) type of credit/license of the applicant:		Credit: _____	<input type="checkbox"/>	<input type="radio"/>
3.ii) number of flight hours credited:		Hours: _____	<input type="checkbox"/>	<input type="radio"/>

Crediting: Applicants holding a pilot license for another category of aircraft, with the exception of balloons, shall be credited with 10 % of their total flight time as PIC on such aircraft up to a maximum of 10 hours. The amount of credit given shall in any case **not include** the requirements in "Solo flight time".

ΥΠΟΨΗΦΙΟΣ
APPLICANTΟΝΟΜΑ
FIRST NAMEΕΠΙΘΕΤΟ
LAST NAMEΗΜΕΡΟΜΗΝΙΑ ΓΕΝΝΗΣΗΣ
DATE OF BIRTHΤΟΠΟΣ ΓΕΝΝΗΣΗΣ
PLACE OF BIRTH

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ΠΡΟΤΑΣΗ ΓΙΑ SKILL TEST
RECOMMENDED FOR SKILL TESTΟΝΟΜΑ ΕΚΠΑΙΔΕΥΤΗ
FIRST NAMEΕΠΙΘΕΤΟ ΕΚΠΑΙΔΕΥΤΗ
LAST NAMEΝΟΥΜΕΡΟ ΕΚΠΑΙΔΕΥΤΗ
INSTRUCTOR'S NUMBER

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ΕΞΕΤΑΣΤΗΣ
EXAMINERΟΝΟΜΑ
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"/>	Πίσω Rear <input type="checkbox"/>
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ΑΕΡΟΣΚΑΦΟΣ
AIRCRAFTΤΑΞΗ/ΤΥΠΟΣ/ΠΑΡΑΛΛΗΛΗ
CLASS/TYPE/VARIANTΧΑΡΑΚΤΗΡΙΣΤΙΚΟ ΚΛΗΣΕΩΣ
REGISTRATION

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ΛΕΠΤΟΜΕΡΕΙΕΣ ΤΗΣ ΠΤΗΣΗΣ
FLIGHT DETAILSΗΜΕΡΟΜΗΝΙΑ 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: _____

SECTION 1 - PRE-FLIGHT OPERATIONS AND DEPARTURE Use of checklist, airmanship, control of aeroplane by external visual reference, anti-icing/de-icing procedures, etc., apply in all sections		1 st attempt	2 nd attempt
a	Pre-flight documentation, NOTAM and weather briefing		
b	Mass and balance and performance calculation		
c	Aeroplane inspection and servicing		
d	Engine starting and after starting procedures		
e	Taxiing and aerodrome procedures, pre-take-off procedures		
f	Take-off and after take-off check		
g	Aerodrome departure procedures		
h	ATC compliance and R/T procedures		
SECTION 2 - GENERAL AIRWORK		1 st attempt	2 nd attempt
a	ATC compliance and R/T procedures		
b	Straight and level flight, with speed changes		
c	Climbing <ul style="list-style-type: none"> i. best rate of climb ii. climbing turns iii. levelling off 		
d	Medium (30° bank) turns		
e	Steep (45° bank) turns (incl. recognition and recovery from a spiral dive)		
f	Flight at critically low air speed with and without flaps		
g	Stalling <ul style="list-style-type: none"> i. clean stall and recover with power ii. approach to stall descending turn with bank angle 20°, approach configuration iii. approach to stall in landing configuration 		
h	Descending <ul style="list-style-type: none"> i. with and without power ii. descending turns (steep gliding turns) iii. levelling off 		
SECTION 3 - EN-ROUTE PROCEDURES		1 st attempt	2 nd attempt
a	Flight plan, dead reckoning and map reading		
b	Maintenance of altitude, heading and speed		
c	Orientation, timing and revision of ETAs and log keeping		
d	Diversion to alternate aerodrome (planning and implementation)		
e	Use of radio navigation aids		
f	Basic instrument flying check (180° turn in simulated IMC)		
g	Flight management (checks, fuel systems and carburetor icing, etc.)		
h	ATC compliance and R/T procedures		
	<i>to alternate</i>		
SECTION 4 - APPROACH AND LANDING PROCEDURES		1 st attempt	2 nd attempt
a	Aerodrome arrival procedures		
b	* Precision landing (short field landing), crosswind, if suitable conditions available		
	<i>aerodrome</i>		
c	* Flapless landing		
	<i>aerodrome</i>		
d	* Approach to landing with idle power (SE only)		
	<i>aerodrome</i>		
e	Touch and go		
	<i>aerodrome</i>		
f	Go-around from low height		
	<i>aerodrome</i>		
g	ATC compliance and R/T procedures		
h	Actions after flight		
SECTION 5 (This section may be combined with sections 1 to 4) ABNORMAL AND EMERGENCY PROCEDURES		1 st attempt	2 nd attempt
a	Simulated engine failure after take-off (SE only)		
	<i>aerodrome</i>		
b	* Simulated forced landing (SE only)		
	<i>place/aerodrome</i>		
c	Simulated precautionary landing (SE only)		
	<i>place</i>		
d	Simulated emergencies		
e	Oral questions		

Continued

Όνοματεπώνυμο Υποψηφίου:
Applicant's name: _____

SECTION 6**SIMULATED ASYMMETRIC FLIGHT AND RELEVANT CLASS OR TYPE ITEMS**

This section may be combined with sections 1 to 5

		1 st attempt	2 nd attempt
a	Simulated engine failure during take-off (at a safe altitude)		
b	Asymmetric approach and go-around		
c	Asymmetric approach and full stop landing		
d	Engine shutdown and restart (the limits acc. FEM have to be observed)		
e	ATC liaison - compliance, R/T procedures, Airmanship		
f	As determined by the FE - any relevant items of the class or type rating skill test to include, if applicable: (i) aeroplane systems including handling of autopilot (ii) operation of pressurisation system (iii) use of de-icing and anti-icing system		
g	Oral questions		

RESULTS OF THE SKILL TEST SECTIONS

	1	2	3	4	5	6
„P“ - passed						
„F“ - failed						

REMARKS

Class Rating: _____ Expired Date: _____

 PASSED PARTIALLY PASSED FAILED

Υπογραφή Εξεταστή
Signature of Examiner

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

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: _____

CONTENT OF THE SKILL TEST

(a) The route to be flown for the navigation test should be chosen by the FE. The route may end at the aerodrome of departure or at another aerodrome. The applicant should be responsible for the flight planning and should ensure that all equipment and documentation for the execution of the flight are on board. The navigation section of the test should have a duration that allows the pilot to demonstrate his/her ability to complete a route with at least three identified waypoints and may, as agreed between the applicant and FE, be flown as a separate test.

(b) An applicant should indicate to the FE the checks and duties carried out, including the identification of radio facilities. Checks should be completed in accordance with the authorized checklist for the aeroplane on which the test is being taken. During pre-flight preparation for the test the applicant should be required to determine power settings and speeds. Performance data for take-off, approach and landing should be calculated by the applicant in compliance with the operations manual or flight manual for the aeroplane used.

FLIGHT TEST TOLERANCE

(c) The applicant should demonstrate the ability to:

- (1) operate the aeroplane within its limitations;
- (2) complete all maneuvers with smoothness and accuracy;
- (3) exercise good judgment and airmanship;
- (4) apply aeronautical knowledge;
- (5) maintain control of the aeroplane at all times in such a manner that the successful outcome of a procedure or maneuver is never seriously in doubt.

(d) The following limits are for general guidance. The FE should make allowance for turbulent conditions and the handling qualities and performance of the aeroplane used:

(1) Height

- | | |
|------------------------------------|------------------------------------|
| (i) normal flight | ± 150 ft |
| (ii) with simulated engine failure | ± 200 ft (if ME aeroplane is used) |

(2) Heading or tracking of radio aids

- | | |
|------------------------------------|---------------------------------|
| (i) normal flight | ± 10° |
| (ii) with simulated engine failure | ± 15° (if ME aeroplane is used) |

(3) Speed

- | | |
|-------------------------------|------------------|
| (i) take-off and approach | + 15 / - 5 knots |
| (ii) all other flight regimes | ± 15 knots |