



Form
aL 533

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
ΤΟ: The HCAA, Flight Standards Division, Licensing Section, P.O. Box 70360, TK 160 10, Glyfada, Greece

APPLICATION by Pilots for REMOVAL of OPERATOR RESTRICTION from TYPE RATING ISSUED on the Basis of APPROVED ZFTT TRAINING

1 Type of application

I hereby apply for removal of the operator restriction from the below named Type Rating endorsed on my Part-FCL or JAR-FCL license, according to Commission Regulation (EU) No 1178/2011 Part-ORA – Subpart ATO.

2 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:
<p>ΥΠΕΥΘΥΝΗ ΔΗΛΩΣΗ: DECLARATION:</p> <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 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. <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></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

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 Completion of Zero Flight Time Training (ZFTT) Course

				HCAA ONLY
4.1. Aircraft Type Rating which was issued (per EASA Type Rating List): _____				<input type="radio"/>
Complete either subsection 4.2 or 4.3 beneath as appropriate (not both)				
Subsection 4.2				
4.2.1. Name/Approval No./Address of ATO company which also holds separate AOC to conduct commercial air transport operations:-				
Name:		ATO Approval No.:		<input type="radio"/>
Address:				<input type="radio"/>
Subsection 4.3 (Refer Guidance Note 4.2)				
4.3.1. Name/Approval No./Address of ATO company having a specific arrangement with a separate company (named at 4.3.2 below) which holds an AOC (or equivalent authorisation) to conduct commercial air transport operations:-				
Name:		ATO Approval No.:		<input type="radio"/>
Address:				<input type="radio"/>
4.3.2. Name/AOC No./Address of AOC-holding commercial air transport operator having specific arrangement with ATO (named at 4.3.1 above):-				
Name:		AOC Approval No.:		<input type="radio"/>
Address:				<input type="radio"/>
4.4. Date of completion of the skill test or date of completion of other appropriate refresher training provided by the operator (where LIFUS commencement is delayed beyond 21 days):-				
Date: _____				<input type="radio"/>
Signature of Head of Training of ATO:				
Name of HoT – (block caps): _____				<input type="radio"/>
4.5. Date of completion of six take-offs and landings in an FSTD (not later than 21 days after the completion of the skill test or other appropriate refresher training) under the supervision of a type rating instructor for aeroplanes (TRI(A)) occupying the other pilot seat:-				
Date: _____				<input type="radio"/>
Signature of TRI(A):				
Name of TRI(A) – (block caps): _____ TRI(A) License Ref. No.: _____				<input type="radio"/>

4 Details of Completion of Zero Flight Time Training (ZFTT) Course (*continued*)

4.6. Certification by the TRI(A) that the trainee is fully competent with the exterior inspection of the aeroplane before conducting such an inspection un-supervised.

Date: _____

Signature of TRI(A):

Name of TRI(A) – (block caps): _____ TRI(A) License Ref. No.: _____

4.7. Date of commencement of line flying under supervision (LIFUS).

Date: _____

Signature of Head of Training of ATO:

Name of HoT – (block caps): _____

4.8. Date of completion of the first four take-offs and landings of the LIFUS in the aeroplane under the supervision of a TRI(A) occupying the other pilot seat.

Date of takeoff / landing **No. 1**: _____

Signature of TRI(A):

Name of TRI(A) – (block caps): _____ TRI(A) License Ref. No.: _____

Date of takeoff / landing **No. 2**: _____

Signature of TRI(A):

Name of TRI(A) – (block caps): _____ TRI(A) License Ref. No.: _____

Date of takeoff / landing **No. 3**: _____

Signature of TRI(A):

Name of TRI(A) – (block caps): _____ TRI(A) License Ref. No.: _____

Date of takeoff / landing **No. 4**: _____

Signature of TRI(A):

Name of TRI(A) – (block caps): _____ TRI(A) License Ref. No.: _____

In order for the HCAA to process your application as quickly as possible, it is important that the application form is completed correctly and legibly. You should be aware that the process could take up to **3 weeks** to complete.

Please complete the form in conjunction with the following guidance notes.

Section 4 – DETAILS OF COMPLETION of ZERO FLIGHT TIME TRAINING (ZFTT) COURSE

- 4.1 Please make sure that all entries are completed legibly by the Head of Training or TRI(A) as appropriate. Do not forward the Form to the HCAA if you are unable to complete any of the required entries – you should revert back to the Head of Training of the ATO or relevant TRI(A) for assistance.**
- 4.2 Where ZFTT training is provided in accordance with EU Reg. 1178/2011, ANNEX VII [PART-ORA], SUBPART ATO, SECTION III, Chapter 2, para. ORA.ATO.330 –“General” subpara.(a) – i.e. by a “specific arrangement” between separate ATO and AOC holding companies, a copy of such “specific arrangement” must have been submitted to and accepted by the HCAA before ZFTT training commenced.**