



Form  
aL 705

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

## FI(A) / IRI(A) / CRI(A) – Initial Issue – FCL.935

### 1 Type of application

I apply for the issue of: Initial  FI(A)  IRI(A)  CRI(A) A/C Class/Type: \_\_\_\_\_  
according to Commission Regulation (EU) No 1178/2011 Part-FCL, FCL.935.

### 2 Applicant

Όνομα: Name:	Επώνυμο: Surname:	Όνομα Πατρός: Father's Name:	
Οδός: Street:	Τοποθεσία / Πόλη: Place / City:	TK: 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:
<b>ΥΠΕΥΘΥΝΗ ΔΗΛΩΣΗ: DECLARATION:</b>			
<p>A. Με ατομική μου ευθύνη και γνωρίζοντας τις κυρώσεις <sup>(1)</sup>, 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 <sup>(2)</sup> και αληθή <sup>(3)</sup> και έχω πληρώσει τα αντίστοιχα τέλη.</p> <p><b>ΣΗΜΕΙΩΣΗ:</b></p> <p><sup>(1)</sup> «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><sup>(2)</sup> 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><sup>(3)</sup> 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 <sup>(1)</sup>, 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 <sup>(2)</sup> and true <sup>(3)</sup> and I have paid the applicable fees.</i></p> <p><b>NOTE:</b></p> <p><sup>(1)</sup> "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><sup>(2)</sup> 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><sup>(3)</sup> 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 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. <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)</i> <i>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 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 License Details

FILLED BY APPLICANT	EXAMINER CHECK	HCAA ONLY
License Type: _____ License No: _____	<input type="checkbox"/>	<input type="radio"/>
Class ratings included in the license:		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>
Type ratings included in the license:		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>
Other ratings included in the license:		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>

### 5 Pre-requisites FI(A) / IRI(A) / CRI(A)

SUBMITTED DOCUMENTS BY APPLICANT (Mandatory - Please tick ✓)	EXAMINER CHECK	HCAA ONLY
Certificate ATO (Non Hellenic) <input type="checkbox"/> Copy	<input type="checkbox"/>	<input type="radio"/>
Certificate FSTD (Non Hellenic) <input type="checkbox"/> Certificate (copy) – if applicable <i>(In case of an Hellenic ATO it must have been endorsed in the Approval Certificate attachment)</i>	<input type="checkbox"/>	<input type="radio"/>
Certificate Instructor (non Hellenic) <input type="checkbox"/> Copy Valid until: _____	<input type="checkbox"/>	<input type="radio"/>
Document of identification <input type="checkbox"/> Copy	<input type="checkbox"/>	<input type="radio"/>
Non Hellenic EASA Medical Certificate <input type="checkbox"/> Class 1 (copy) Valid until: _____	<input type="checkbox"/>	<input type="radio"/>
Completion Certificate for the full training courses by the ATO <input type="checkbox"/> Original Document	<input type="checkbox"/>	<input type="radio"/>
Confirmation of payment of the assessment of competence fees (see #3: payment methods)	<input type="checkbox"/>	<input type="radio"/>

PRE-COURSE FLYING EXPERIENCE	FILLED BY APPLICANT	EXAMINER CHECK	HCAA ONLY
Total Flying Hours:	Hours: _____	<input type="checkbox"/>	<input type="radio"/>
PIC, SEP or TMG Hours:	Hours: _____	<input type="checkbox"/>	<input type="radio"/>
SEP Hours (Preceding 6 months):	Hours: _____	<input type="checkbox"/>	<input type="radio"/>
Instrument flight instruction Hours:	Hours: _____	<input type="checkbox"/>	<input type="radio"/>
Cross-country Hours:	Hours: _____	<input type="checkbox"/>	<input type="radio"/>

PRE-ENTRY FLIGHT TEST ( <i>ONLY FOR FI(A)</i> )	FILLED BY ATO/FI(A)	EXAMINER CHECK	HCAA ONLY
I recommend (applicant's name) _____ for instructor course		<input type="checkbox"/>	<input type="radio"/>
Name of ATO _____		<input type="checkbox"/>	<input type="radio"/>
Date of the flight test: _____ Date: _____		<input type="checkbox"/>	<input type="radio"/>
Name of FI(A) conducting the test: _____		<input type="checkbox"/>	<input type="radio"/>
License Number: _____		<input type="checkbox"/>	<input type="radio"/>
Signature: _____			

## 6 Declaration by the Applicant

FILLED BY THE APPLICANT	EXAMINER CHECK	HCAA ONLY
I have received a course of training in accordance with the syllabus approved by the Authority for the certificate of (tick the applicable Certificate):	<input type="checkbox"/>	<input type="radio"/>
- Flight Instructor Certificate <input type="checkbox"/> FI(A)		
- Instrument Rating Instructor Certificate <input type="checkbox"/> IRI(A)		
- Class Rating Instructor Certificate <input type="checkbox"/> CRI(A)		
Name of Applicant: _____		
License Number: _____		
Signature: _____		

## 7 Declaration by the Chief Flight Instructor

FILLED BY CFI/ATO	EXAMINER CHECK	HCAA ONLY
I certify that (applicant's name) _____ has satisfactorily completed an approved course of training for the (tick the applicable Certificate) in accordance with the relevant syllabus	<input type="checkbox"/>	<input type="radio"/>
- Flight Instructor Certificate <input type="checkbox"/> FI(A)		
- Instrument Rating Instructor Certificate <input type="checkbox"/> IRI(A)		
- Class Rating Instructor Certificate <input type="checkbox"/> CRI(A)		
Flying Hours During the training: Hours: _____ <input type="checkbox"/> AEROPLANE <input type="checkbox"/> FSTD		
Aeroplane class/type: _____		
Airplane Registration: _____		
Registration / FSTD certificate reference: _____ / _____		
Simulator Level: _____		
Name and Certificate number of ATO: _____ / _____		

ΟΝΟΜΑ ΕΚΠΑΙΔΕΥΤΗ  
FIRST NAME

ΕΠΙΘΕΤΟ ΕΚΠΑΙΔΕΥΤΗ  
LAST NAME

ΝΟΥΜΕΡΟ ΕΚΠΑΙΔΕΥΤΗ  
INSTRUCTOR'S NUMBER

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Υπογραφή Εκπαιδευτή  
Instructor's Signature

**ΥΠΟΨΗΦΙΟΣ**  
**APPLICANT**ΟΝΟΜΑ  
FIRST NAMEΕΠΙΘΕΤΟ  
LAST NAMEΗΜΕΡΟΜΗΝΙΑ ΓΕΝΝΗΣΗΣ  
DATE OF BIRTHΤΟΠΟΣ ΓΕΝΝΗΣΗΣ  
PLACE OF BIRTH

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**ΕΞΕΤΑΣΤΗΣ (FIE)**  
**EXAMINER (FIE)**ΟΝΟΜΑ  
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**  
**AIRCRAFT**ΤΑΞΗ/ΤΥΠΟΣ/ΠΑΡΑΛΛΑΓΗ  
CLASS/TYPE/VARIANTΧΑΡΑΚΤΗΡΙΣΤΙΚΟ ΚΛΗΣΕΩΣ  
REGISTRATION

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**FSTD**  
**- IF APPLICABLE**ΤΑΞΗ/ΤΥΠΟΣ/ΠΑΡΑΛΛΑΓΗ  
CLASS/TYPE/VARIANT

FSTD - ID

FFS Level

FSTD OPERATOR

LOCATION

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**ΛΕΠΤΟΜΕΡΕΙΕΣ ΤΗΣ ΠΤΗΣΗΣ**  
**FLIGHT DETAILS**ΗΜΕΡΟΜΗΝΙΑ 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:* \_\_\_\_\_

### CONTENT OF THE ASSESSMENT

<b>SECTION 1</b>			
<b>THEORETICAL KNOWLEDGE ORAL</b>		<b>1<sup>st</sup> attempt</b>	<b>2<sup>nd</sup> attempt</b>
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		
<b>Sections 2 and 3 selected main exercises:</b>			
<b>SECTION 2</b>			
<b>PRE-FLIGHT BRIEFING</b>		<b>1<sup>st</sup> attempt</b>	<b>2<sup>nd</sup> attempt</b>
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		
<b>SECTION 3</b>			
<b>FLIGHT</b>		<b>1<sup>st</sup> attempt</b>	<b>2<sup>nd</sup> attempt</b>
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		
<b>SECTION 4</b>			
<b>ME EXERCISES</b>		<b>1<sup>st</sup> attempt</b>	<b>2<sup>nd</sup> attempt</b>
4.1	Actions following an engine failure shortly after take-off <sup>1</sup> .		
4.2	SE approach and go-around <sup>1</sup> .		
4.3	SE approach and landing <sup>1</sup> .		
<small><sup>1</sup>These exercises are to be demonstrated at the assessment of competence for FI/IRI/CRI for ME aircraft.</small>			
<b>SECTION 5</b>			
<b>INSTRUMENT EXERCISES</b>			
5.1			
5.2			
5.3			
5.4			
5.5			

Τόπος:  
*Place:*

Ημερομηνία:  
*Date:*

Υπογραφή Εξεταστή:  
*Examiner's Signature:*

## Continued

Όνοματεπώνυμο Υποψηφίου:

Applicant's name: \_\_\_\_\_

**SECTION 6**

POST-FLIGHT DE-BRIEFING		1 <sup>st</sup> attempt	2 <sup>nd</sup> 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		

## 10 Assessment of Competence Result

I have tasted the applicant according to the Part-FCL.

„P“ - passed	1	2	3	4	5	6
„F“ - failed						
<b>REMARKS:</b>						

(Tick as appropriate)

- I recommend further flight or ground training with an Instructor before re-test (in case of partial pass)  
 I do not consider further flight or theoretical instruction necessary before re-test (in case of partial pass)

Flight Instructor Examiner's Assessment:  FI(A)  IRI(A)  CRI(A)Theoretical oral examination  PASSED  FAILEDSkill test  PASSED  FAILEDΥπογραφή Εξεταστή FIE  
Signature of Examiner FIE
Αναγνώριση αποτελέσματος-Υπογραφή Αιτούντος  
Recognition test result-Signature of Applicant

## 11 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 1, the oral theoretical knowledge examination part of the assessment of competence, is for all FI and is subdivided into two parts:

- (1) The applicant is required to give a lecture under test conditions to other 'student(s)', one of whom will be the examiner. The test lecture is to be selected from items of section 1. The amount of time for preparation of the test lecture is agreed upon beforehand with the examiner. Appropriate literature may be used by the applicant. The test lecture should not exceed 45 minutes;
- (2) The applicant is tested orally by an examiner for knowledge of items of section 1 and the 'core instructor competencies: teaching and learning' content given in the instructor courses.

Sections 2, 3 and 6 are for all FIs. These sections comprise exercises to demonstrate the ability to be an FI (for example instructor demonstration exercises) chosen by the examiner from the flight syllabus of the FI training courses. The applicant is required to demonstrate FI abilities, including briefing, flight instruction and de-briefing.

Section 4 comprises additional instructor demonstration exercises for an FI 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.