



HELLENIC REPUBLIC
HELLENIC CIVIL AVIATION AUTHORITY
MEMBER OF EASA



HCAA REFERENCE No.:
(Αριθμός Πρωτοκόλλου):

Προς: ΥΠΑ, Διεύθυνση Πτητικών Προτύπων, Τμήμα Πτυχιών και Αδειών, Λέοντος 4 και Ελευθερίας, Αργυρούπολη 164 52, Ελλάδα

To: The HCAA, Flight Standards Division, Licensing Section, Leondas 4 and Eleftherias str. Argiroupolis 164 52, Athens, Greece

HCAA Application Form 755 SYNTHETIC FLIGHT INSTRUCTOR/SFI (A) Revalidation/Renewal (FCL.940.SFI)

- | | | |
|--|---|--|
| <input type="checkbox"/> Type of Aeroplane (SPA or MPA): _____ | <input type="checkbox"/> Single Pilot Ops | Expiry date of current SFI(A) Certificate: _____ |
| <input type="checkbox"/> Revalidation of SFI(A) | <input type="checkbox"/> Multi Pilot Ops | Expiry date of relevant type rating: _____ |
| <input type="checkbox"/> Renewal SFI(A) | | Last date of AoC: _____ |

SECTION 1 Applicant Details/Declaration

| | | | | | |
|------------------------|--|----------------------|--|-------------------------------------|--|
| Last name: | | First name: | | Date/ Place of birth: | |
| Nationality: | | Passport/ID : | | Licence Type/Number: | |
| Address-Street: | | | | | |
| Postal code: | | City: | | Country: | |
| Phone No.: | | e-mail: | | E-fees Nr.: 1. (Παράβολο): 2. | |

A. Declaration:

I do not possess a pilot licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another EASA Member State. I have not applied for a pilot licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another EASA Member State.

I have never possessed any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another EASA Member State which was revoked or suspended in any other EASA Member State.

The information provided is correct. I am aware of the consequences of providing false information, such as being denied a license, certificate, rating, authorisation or attestation, or having it revoked or cancelled. I have received the test/check result and been informed about my rights of appeal.

On my own responsibility and knowing the presumable penalties, by the paragraph 6 of the article 22 of the National Law N.1599/1986, I declare that the included elements in my present application are accurate and true and I have paid the applicable fees.

(EU) No. 1178/2011 as amended requires that an individual has all of their licenses administered by the National Aviation Authority that holds their medical records. (Part MED.A.030 and Part FCL.015). If your medical records are not held by the HCAA, your application will be pending.

B. Additional information concerning your application:

Name of Applicant:

Signature: **Date:**

REMARKS (HCAA use only) :

| | | | |
|--------------------|---------------------------|---------------------|--------------------------|
| INSPECTING OFFICER | AVIATION SAFETY INSPECTOR | HEAD OF PEL SECTION | HEAD OF FLIGHT STANDARDS |
|--------------------|---------------------------|---------------------|--------------------------|



Applicant's License Nr: _____

Revalidation

To revalidate an SFI(A) certificate, applicants shall fulfill, before the expiry date of the SFI certificate, at least two out of the following three requirements: 1), 2) or 3) below.

For each alternate SFI(A) revalidation, the holder shall pass an assessment of competence in accordance with Part FCL.935. last AoC date: _____

Additionally, applicants shall have completed, on an FFS, the proficiency checks for the issue of the specific aircraft type ratings representing the types for which privileges are held. date: _____

1. Have completed at least 50 hours as instructors or examiners in FSTDs, of which at least 15 hours within the period of 12 months immediately preceding the expiry date of the SFI certificate (enclose evidence). hours: _____

hours last 12 months: _____

2. Have completed instructor refresher training as an SFI(A) at an ATO (enclose ATO confirmation). date: _____

3. Have passed the relevant sections of the assessment of competence acc. FCL.935 (enclose form 935). date: _____

Renewal

To renew the SFI(A) certificate, applicants shall, within the period of 12 months immediately preceding the application for the renewal, comply with all of the following conditions 4), 5) and 6) below:

4. Have completed instructor refresher training as an SFI(A) at an ATO (enclose ATO confirmation). date: _____

5. Have passed the assessment of competence in accordance with point FCL.935 (enclose form 935). date: _____

6. Have completed, on an FSTD, the skill test for the issue of the specific aircraft type ratings representing the types for which privileges are to be renewed (enclose evidence). date: _____

ATO training confirmation

Name of ATO: _____

Copy of ATO Approval/Attachment

Name of authorised person: _____

Title: _____

Signature: _____

Date: _____