



HCAA Part-FCL
Form 800

ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
ΥΠΗΡΕΣΙΑ ΠΟΛΙΤΙΚΗΣ ΑΕΡΟΠΟΡΙΑΣ
HELLENIC REPUBLIC
HELLENIC CIVIL AVIATION AUTHORITY
MEMBER OF EASA
ΜΕΛΟΣ ΤΗΣ EASA

ΑΙΤΗΣΗ

Application Form

Αρ. Πρωτ. / Ref. No



ΠΡΟΣ: Την ΥΠΑ, Διεύθυνση Πτητικών Προτύπων, Τμήμα Πτυχίων και Αδειών, Λέοντος 4 και Ελευθερίας, Αργυρούπολη 164 52, Ελλάδα
TO: The HCAA, Flight Standards Division, Licensing Section, Leondos 4 and Eleftherias str. Argiroupolis 164 52, Athens, Greece

FE(A) / IRE(A) / CRE(A) / TRE(SPA) – Initial Examiner Course – EASA Part-FCL Subpart K

1 Type of application

I apply for the issue of Initial: ☐ FE (A) ☐ IRE (A) ☐ CRE (A) ☐ TRE (SPA)
according to Commission Regulation (EU) No 1178/2011 Part-FCL, Subpart K

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:	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:

A. Declaration/Υπεύθυνη Δήλωση:

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authorisation or attestation with the same scope and in the same category issued in another EASA Member State which was revoked or suspended in any other EASA Member State.

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.

Με ατομική μου ευθύνη και γνωρίζοντας τις κυρώσεις, που προβλέπονται από τις διατάξεις της παρ. 6 του άρθρου 22 του Ν.1599/1986, δηλώνω ότι τα περιεχόμενα στην παρούσα αίτησή μου στοιχεία είναι ακριβή και αληθή και έχω πληρώσει τα αντίστοιχα τέλη.

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 φακέλων του αιτούντος.

B. Additional information concerning your application:

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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

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 Flight Experience Aeroplane Single Pilot

FILLED BY APPLICANT			INSPECTOR CHECK	HCAA ONLY
TOTAL HOURS	PIC SE (A): _____	DUAL SE (A): _____	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL HOURS	PIC ME (A): _____	DUAL ME (A): _____	<input type="checkbox"/>	<input type="checkbox"/>
- of which under IFR:	PIC : _____	DUAL: _____	<input type="checkbox"/>	<input type="checkbox"/>
- of which at night:	PIC : _____	DUAL: _____	<input type="checkbox"/>	<input type="checkbox"/>
FSTD hours:	_____		<input type="checkbox"/>	<input type="checkbox"/>

5 Pre-requisites FE(A) / IRE(A) / CRE(A) / TRE(SPA) course

SUBMITTED DOCUMENTS BY APPLICANT (Mandatory - Please tick ✓)			INSPECTOR CHECK	HCAA ONLY
Your instructor log as FI(A) / IRI(A) / CRI (A) / TRI(SPA) (12 months preceding the application) containing: pilot name, license number, function of pilot, class/type of aeroplane, kind of instruction	<input type="checkbox"/> Copy		<input type="checkbox"/>	<input type="checkbox"/>
Certificate Instructor/Licence	<input type="checkbox"/> Copy	Valid until: _____	<input type="checkbox"/>	<input type="checkbox"/>
Document of identification	<input type="checkbox"/> Copy		<input type="checkbox"/>	<input type="checkbox"/>
EASA Medical Certificate	<input type="checkbox"/> Copy	Valid until: _____	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum vitae <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Confirmation of payment of the required fees <input type="checkbox"/>		Please fill correctly the original receipt's number on #3 above	<input type="checkbox"/>	<input type="checkbox"/>
You have not been subject to any sanctions, including the suspension, limitation or revocation of any of your 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.	Original Certificate (max. 6 months old)	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Official printout of criminal record file issued by the State of Residence. <input type="checkbox"/>	(max. 6 months old)	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
PRE-COURSE FLYING EXPERIENCE & DETAILS OF CONDITIONS			INSPECTOR CHECK	HCAA ONLY
a) FE(A) / IRE(A)				
FI(A) on class/type: _____		Hours on aeroplane: _____	<input type="checkbox"/>	<input type="checkbox"/>
Total flight experience on aeroplane	min. 2.000 hours	Hours on FSTD: _____	<input type="checkbox"/>	<input type="checkbox"/>

Flight experience as FI on aeroplane	min. 250 hours	Hours on aeroplane: _____	<input type="checkbox"/>	<input type="checkbox"/>
		Hours on FSTD: _____		
Flight experience under IFR	min. 450 hours	Hours on aeroplane: _____	<input type="checkbox"/>	<input type="checkbox"/>
		Hours on FSTD: _____		
Flight experience as IRI on aeroplane	min. 250 hours	Hours on aeroplane: _____	<input type="checkbox"/>	<input type="checkbox"/>
		Hours on FSTD: _____		
b) CRE(A)				
CRI(A) on class/type: _____		Hours on aeroplane: _____	<input type="checkbox"/>	<input type="checkbox"/>
Total flight experience on aeroplane	min. 500 hours	Hours on FSTD: _____	<input type="checkbox"/>	<input type="checkbox"/>
Flight experience as CRI on aeroplane			<input type="checkbox"/>	<input type="checkbox"/>
Hours on FSTD: _____				
Hours on aeroplane: _____				
Flight experience under IFR			<input type="checkbox"/>	<input type="checkbox"/>
Hours on FSTD: _____				
b) TRE(SPA)				
TRI(SPA) on class/type: _____		Hours on aeroplane: _____	<input type="checkbox"/>	<input type="checkbox"/>
Total flight experience on aeroplane		Hours on FSTD: _____	<input type="checkbox"/>	<input type="checkbox"/>
Hours on aeroplane: _____				
Flight experience on SP aeroplane	min. 500 hours	Hours on FSTD: _____	<input type="checkbox"/>	<input type="checkbox"/>
Hours on aeroplane: _____				
Flight experience PIC on SP aeroplane	min. 200 hours	Hours on FSTD: _____	<input type="checkbox"/>	<input type="checkbox"/>
Hours on aeroplane: _____				
Flight experience as TRI(SPA)	min. 50 hours on type	Hours on FSTD: _____	<input type="checkbox"/>	<input type="checkbox"/>