



HCAA Part-FCL  
Form 802

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 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

**SFE(A) / TRE(A) – Initial Examiner Course – EASA Part-FCL Subpart K**

**1** Type of application

I apply for the issue of Initial:  SFE (A)  TRE (A) TYPE: \_\_\_\_\_  
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authorisation or attestation with the same scope and in the same category issued in another EASA Member State which was revoked or suspended in any other EASA Member State.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 αντιστοιχών φακέλων του αιτούντος.

**B. Additional information concerning your application:**

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 Flight Experience Aeroplane Multi Pilot

FILLED BY APPLICANT	INSPECTOR CHECK	HCAA ONLY
TOTAL HOURS: _____	<input type="checkbox"/>	
HOURS: PIC MP (A): _____	<input type="checkbox"/>	
HOURS: COPI MP (A) : _____	<input type="checkbox"/>	
FSTD (FNPT – FFS) hours: _____	<input type="checkbox"/>	

### 5 Pre-requisites SFE(A) – TRE(A) course

SUBMITTED DOCUMENTS BY APPLICANT (Mandatory - Please tick ✓)	INSPECTOR CHECK	HCAA ONLY
Your instructor log as TRI(A) / SFI(A) (12 months preceding the application) containing: pilot name, license number, function of pilot, type of aeroplane, kind of instruction <input type="checkbox"/> Copy	<input type="checkbox"/>	
Certificate Instructor/License <input type="checkbox"/> Copy	<input type="checkbox"/>	
Document of identification <input type="checkbox"/> Copy	<input type="checkbox"/>	
EASA Medical Certificate <input type="checkbox"/> Copy	<input type="checkbox"/>	
Curriculum vitae <input type="checkbox"/>	<input type="checkbox"/>	
Confirmation of payment of the required fees <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. <input type="checkbox"/> Original Certificate (max. 6 months old)	<input type="checkbox"/>	
Official printout of criminal record file issued by the State of Residence. <input type="checkbox"/> (max. 6 months old)	<input type="checkbox"/>	<input type="checkbox"/>

PRE-COURSE FLYING EXPERIENCE & DETAILS OF CONDITIONS	FILLED BY APPLICANT	INSPECTOR CHECK	HCAA ONLY
a) Commercial license with current type rating	type: _____	<input type="checkbox"/>	
b) Flight experience on MPA of which:	min. 2.000 hours hours: _____ min. 500 hours hours: _____	<input type="checkbox"/>	
c) SFI(A) on type or	min. 50 hours hours: _____	<input type="checkbox"/>	
d) TRI(A) on type	min. 50 hours hours: _____	<input type="checkbox"/>	
e) Total flight experience as SFI(A)	on simulator: hours: _____	<input type="checkbox"/>	
f) Total flight experience as TRI(A) (not LT)	on aeroplane/sim hours: <u>(a/plane)</u> _____	<input type="checkbox"/>	
(LT=Line Training)	hours: <u>(sim)</u> _____	<input type="checkbox"/>	