



HCAA Part-FCL
Form 830

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

EXAMINER CERTIFICATE – Revalidation / Renewal – EASA Part-FCL Subpart K

1 Type of application

I apply for the: ☐ Revalidation ☐ Renewal of: ☐ FE(A) ☐ IRE(A) ☐ CRE(A) ☐ FIE(A) ☐ TRE(A) ☐ SFE(A)
according to Commission Regulation (EU) No 1178/2011 Part-FCL, Subpart K (FCL.1000)

2 Examiner 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:

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 (EU) No. 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 Inter-ministerial 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 Examiner applicant's license

FILLED BY EXAMINER APPLICANT					INSPECTOR CHECK	HCAA ONLY
License Grade	License Ref. No	Expiry Date (if applicable)	Type Rating or LPC	Expiry Date		
					<input type="checkbox"/>	<input type="checkbox"/>

5 Details of Examiner applicant's Instructor Certificate(s) held

FILLED BY EXAMINER APPLICANT			INSPECTOR CHECK	HCAA ONLY
Type / Privileges of Instructor Certificate	Certificate Expiry Date	Restrictions (e.g. Simulator (FFS) only, etc.)		
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

6 Details of Examiner applicant's Examiner Certificate(s) held

FILLED BY EXAMINER APPLICANT			INSPECTOR CHECK	HCAA ONLY
Type / Privileges of Examiner Certificate	Certificate Expiry Date	Restrictions (e.g. Simulator (FFS) only, etc.)		
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

7 Flying Experience

FILLED BY EXAMINER APPLICANT				INSPECTOR CHECK	HCAA ONLY
Flight Time as Pilot of Aircraft applicable to this application (state Type / Class)		Total Flight Time as PIC on Aircraft applicable to this application		<input type="checkbox"/>	<input type="checkbox"/>

8 Flying Experience as Instructor

FILLED BY EXAMINER APPLICANT				INSPECTOR CHECK	HCAA ONLY
1. Type of instruction	hours: _____	2. Type of instruction	hours: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Type of instruction	hours: _____	4. Type of instruction	hours: _____	<input type="checkbox"/>	<input type="checkbox"/>

9 REVALIDATION (FCL.1025)

FILLED BY EXAMINER APPLICANT (#1) and by HCAA INSPECTOR (#2 & #3)				INSPECTOR CHECK	HCAA ONLY
	Skill Tests	Proficiency Checks	Assessments of Competence	<input type="checkbox"/>	<input type="checkbox"/>
1. State the No. of Skill Tests / Proficiency Checks / Assessments of Competence conducted during the three year period of examiner certificate held (minimum six in total).				<input type="checkbox"/>	<input type="checkbox"/>
2. Date/Place of attendance at HCAA Approved Examiner Refresher Seminar (must be in last year of certificate validity).					<input type="checkbox"/>
3. Date/Place of Assessment of Skill Test / Proficiency Check conducted in last year of certificate validity by an HCAA Inspector.					<input type="checkbox"/>

10 RENEWAL (to be completed for Examiner Renewal application only)

FILLED BY HCAA INSPECTOR		INSPECTOR CHECK	HCAA ONLY
1. Date/Place of attendance at HCAA Approved Examiner Refresher Seminar (must be in last year of certificate validity).			<input type="checkbox"/>
2. Date/Place of Assessment of Competence by an HCAA Inspector. (FCL.1020)			<input type="checkbox"/>

11 EXAMINER APPLICANT'S DECLARATION

	INSPECTOR CHECK	HCAA ONLY
<p>I declare that:</p> <ol style="list-style-type: none"> I do not hold a Part-FCL Examiner Certificate issued in another Member State I have not applied for any Part-FCL Examiner Certificate in another Member State I have never held a Part-FCL Examiner Certificate issued in another Member State which was revoked or suspended I have not been subject to any sanctions, including the suspension, limitation or revocation of any of my 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. I have submit an official printout of criminal record file issued by the State of Residence (max. 6 months old) <p>Examiner Applicant</p> <p>Signature: _____ Date: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>

Examiners assessment of competence (see AMC1 FCL.1020)

1. Applicants for an examiner certificate shall demonstrate their competence to an inspector from the Hellenic Civil Aviation Authority through the conduct of a skill test, proficiency check or assessment of competence in the examiner role for which privileges are sought, including briefing, conduct of the skill test, proficiency check or assessment of competence, and assessment of the person to whom the test, check or assessment is given, debriefing and recording documentation.
2. An inspector of the HCAA will observe the examiner applicant conducting a test on a 'candidate' in a Full Flight Simulator (FFS) for which examiner certificate is sought. Items from the related training course and test or check schedule will be selected by the inspector for examination of the 'candidate' by the examiner applicant. Having agreed with the inspector the content of the test, the examiner applicant will be expected to manage the entire test. This will include briefing, the conduct of the flight, assessment and debriefing of the 'candidate'. The inspector will discuss the assessment with the examiner applicant before the 'candidate' is debriefed and informed of the result.
3. A line crew or crewmember under check will form the 'candidate(s)' under check. The Inspector from the HCAA will be ultimately responsible for the conduct of the check and is the Authorized Examiner for the test, check or assessment of competence.
4. During the skill test or proficiency check the TRE applicant occupies the Instructor Operation Station in a Full Flight Simulator (FFS).