



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 745 TYPE RATING INSTRUCTOR/TRI (A) Revalidation/Renewal (FCL.940.TRI)

<input type="checkbox"/> Type of Aeroplane (SPA or MPA) : _____	<input type="checkbox"/> Single Pilot Ops	Expiry date of current TRI(A) Certificate: _____
<input type="checkbox"/> Revalidation of TRI(A)	<input type="checkbox"/> Multi Pilot Ops	Expiry date of relevant type rating: _____
<input type="checkbox"/> Renewal TRI(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authorisation or attestation with the same scope and in the same category issued in another EASA Member State which was revoked or suspended in any other EASA Member State.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
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Applicant's License Nr: _____

Revalidation

For Revalidation of a TRI(A) rating, the holder shall, within the last 12 months preceding the expiry date of the certificate, fulfill two of the requirements 1), 2) or 3) below.

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

1. Conduct one of the following parts of a complete type rating or recurrent training course:
 simulator session of at least 3 hours or one air exercise of at least 1 hour comprising a minimum of two take-offs and landings (enclose evidence). Aeroplane: _____ FFS: _____

2. Complete instructor refresher training as a TRI(A) at an ATO (enclose ATO confirmation). date: _____

3. Pass an assessment of competence in accordance with FCL.935 (enclose form 935). date: _____
 on aeroplane on simulator

Renewal

For Renewal of a TRI(A) rating, the applicant shall fulfill the requirements 4), 5) and 6) below:

4. Complete within 12 months preceding the application at least 30 route sectors, including take-offs and landings on the applicable aeroplane type, of which maximum 15 sectors may be completed in an FFS (enclose evidence). Aeroplane: _____ FFS: _____

5. Complete instructor refresher training as a TRI(A) at an ATO which shall cover the relevant elements of the TRI(A) training course (enclose ATO confirmation). date: _____

6. Pass an assessment of competence acc. FCL.935 (enclose form 935). date: _____
 on aeroplane on simulator

ATO training confirmation

Name of ATO: _____ Copy of ATO Approval/Attachment

Name of authorised person: _____ Title: _____

Signature: _____ Date: _____