



HELLENIC REPUBLIC
HELLENIC CIVIL AVIATION AUTHORITY
MEMBER OF EASA



HCAA REFERENCE No.:
(Αριθμός Πρωτοκόλλου):

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

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

HCAA Application Form 747

TYPE RATING INSTRUCTOR/TRI (A) Type Extension (FCL.910.TRI (b))
SYNTHETIC FLIGHT INSTRUCTOR/SFI (A) Type Extension (FCL.910.SFI)

- Type of Aeroplane (SPA or MPA) : _____ Single Pilot Ops Expiry date of current TRI(A) Certificate: _____
 TRI(A) Type Extension Multi Pilot Ops Expiry date of current SFI (A) Certificate: _____
 SFI(A) Type Extension

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authorisation or attestation with the same scope and in the same category issued in another EASA Member State which was revoked or suspended in any other EASA Member State.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

TYPE RATING INSTRUCTOR/TRI (A) Type Extension (FCL.910.TRI (b))

TRIs for aeroplanes and for powered-lift aircraft — TRI (A) and TRI (PL). The privileges of TRIs are restricted to the type of aeroplane or powered-lift aircraft in which the training and the assessment of competence were conducted. Unless otherwise determined in the OSD, to extend the privileges of TRIs to further types, TRIs shall have:

- 1. Completed within the 12 months preceding the application, at least 15 route sectors, including take-offs and landings on the applicable aircraft type, of which of maximum of 7 sectors may be completed in an FSTD (enclose evidence).
 Aeroplane: _____ FFS: _____

- 2. Completed, in accordance with the applicable OSD, the relevant parts of the technical training and the flight instruction parts of the applicable TRI course (enclose ATO confirmation).
date: _____

- 3. Passed the relevant sections of the assessment of competence in accordance with point FCL.935 in order to demonstrate to an FIE or a TRE qualified in accordance with Subpart K to this Annex their ability to instruct a pilot to the level required for the issue of a type rating, including pre-flight, post-flight and theoretical knowledge instruction (enclose form 935).
date: _____

on aeroplane on simulator

SYNTHETIC FLIGHT INSTRUCTOR/SFI (A) Type Extension (FCL.910.SFI)

The privileges of SFIs shall be restricted to the FTD 2/3 or FFS of the aircraft type in which the SFI training course was taken. The privileges may be extended to other FSTDs representing further types of the same category of aircraft if the holders have::

- 1. Completed the simulator content of the relevant type rating course (enclose ATO confirmation).
date: _____

- 2. Completed, in accordance with the applicable OSD, the relevant parts of the technical training and the FSTD content of the flight instruction syllabus of the applicable TRI course (enclose ATO confirmation).
date: _____

- 3. Conducted on a complete type rating course at least 3 hours of flight instruction related to the duties of an SFI on the applicable type under the supervision and to the satisfaction of a TRE or an SFE qualified for this purpose (enclose ATO confirmation/supporting evidence by TRE/SFE).
date: _____

ATO training confirmation

Name of ATO/SEAL: _____	<input type="checkbox"/> Copy of ATO Approval/Attachment
Name of authorised person: _____	Title: _____
Signature: _____	Date: _____