



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



HCAA REFERENCE No.:

FSD REFERENCE No.:

(HCAA USE ONLY - Αριθμοί Πρωτοκόλλου /Χρήση ΥΠΑ μόνο)

Form 722 (H)

INSTRUCTOR'S (H)

Assessment of Competence (Part-Fcl .935)

- | | | |
|---------------------------------------|---------------------------------|--|
| <input type="checkbox"/> initial | <input type="checkbox"/> FI(H) | <input type="checkbox"/> repetition from date: _____ |
| <input type="checkbox"/> revalidation | <input type="checkbox"/> TRI(H) | <input type="checkbox"/> STI(H) |
| <input type="checkbox"/> renewal | <input type="checkbox"/> IRI(H) | <input type="checkbox"/> TRI(H) Type Extension |

Name/Surname/Father's Name:

Όνομα/Επίθετο/Όνομα πατρός

ID/Passport No.:

Αριθ.ΑΤ/Διαβατηρίου

Date of birth: Ημερ.γέν.:		Place of birth: Τόπος γέν.:		Nationality: Εθνικότητα:	
Private Address: Διεύθ. Κατοικίας:		Post code: Ταχ. Κώδ.:		City/Country: Πόλη/Χώρα:	
Phone/mobile: Τηλ. σταθ./κιν. :				Phone/fax office: Τηλ./φάξ εργασίας:	
e-mail and additional contact info: Ηλεκτρονική διεύθ./ επιπρόσθετες πληρ. επικοινωνίας:			Signature of applicant: Υπογραφή αιτούντος/αιτούσας:		
Grand total flight hours: Γενικό σύνολο ωρών:		PIC hours: Ωρες κυβ.:		COPI hours: Ωρες συγκυβ.:	
				Type/Licence number: Τύπος/αριθμός αδείας:	
				Med. Certificate Class/ Exp. Date: Κλάση/Ημερομ.λήξης πιστοπ.υγείας:	

HCAA USE ONLY REMARKS (Χρήση ΥΠΑ μόνο, παρατηρήσεις)

INSPECTING
OFFICER

AVIATION SAFETY
INSPECTOR

LICENSING DEP. DIRECTOR

FLIGHT STANDARDS DEP. DIRECTOR



Applicant's Licence No.:

ΥΠΕΥΘΥΝΗ ΔΗΛΩΣΗ - DECLARATION

A.

Με ατομική μου ευθύνη και γνωρίζοντας τις κυρώσεις (1), 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 (2) και αληθή (3) και έχω πληρώσει τα αντίστοιχα τέλη.

ΣΗΜΕΙΩΣΗ:

(1) «Όποιος εν γνώσει του δηλώνει ψευδή γεγονότα ή αρνείται ή αποκρύπτει τα αληθινά με την έγγραφη υπεύθυνη δήλωση του άρθρου 8, τιμωρείται με φυλάκιση τουλάχιστον τριών μηνών. Εάν ο υπαίτιος αυτών των πράξεων σκόπευε να προσπορίσει στον εαυτό του ή σε άλλον περιουσιακό όφελος βλάπτοντας τρίτον ή σκόπευε να βλάψει άλλον, τιμωρείται με κάθειρξη μέχρι 10 ετών.

(2) Η ακρίβεια των στοιχείων που υποβάλλονται με αυτή τη δήλωση μπορεί να ελεγχθεί με βάση το αρχείο άλλων υπηρεσιών (άρθρο 8 παρ. 4 Ν. 1599/1986).

(3) Οιαδήποτε ψευδής παρουσίαση ή δήλωση ή απόκρυψη πληροφοριών στην παραπάνω αίτηση θα έχει ως συνέπεια την απόρριψή της, την ποινική δίωξη των υπευθύνων κατά το άρθρο 42 ή 220 του Ποινικού Κώδικα και την ανάκληση από την ΥΠΑ οποιουδήποτε ισχύοντος αεροπορικού Πτυχίου ή Πιστοποιητικού Υγείας.

(4) Ο Ευρωπαϊκός Κανονισμός (EU) No. 1178/2011 όπως τροποποιήθηκε, απαιτεί όπως όλες οι άδειες/πτυχία του ενδιαφερομένου να διεκπεραιώνονται μόνο από την Αρχή Πολιτικής Αεροπορίας που κατέχει τα ιατρικά δεδομένα αυτού. (Part MED.A.030 and Part FCL.015).

Εάν τα ιατρικά σας δεδομένα δεν βρίσκονται στην Ελληνική Υπηρεσία Πολιτικής Αεροπορίας, η αίτησή σας θα απορριφθεί.

On my own responsibility and knowing the presumable penalties (1), by the paragraph 6 of the article 22 of the N.1599/1986, I declare that the included elements in my present application are accurate (2) and true (3) and I have paid the applicable fees.

NOTE:

(1) "Whoever, under his own knowledge, declares untrue facts or denies or withholds the true facts within his/her written declaration under the article 8, he/she will be punished with imprisonment of at least three months. If the responsible of these actions intended, for his own benefit or other's benefit, to draw financial profit harming third person or he/she intended to harm other, he/she will be punished with imprisonment for a term up to 10 years.

(2) The accuracy of the elements that are submitted with this declaration can be checked on the basis of a check into other agency's archives (article 8 paragraphs 4 N.1599/1986).

(3) Any untrue presentation or declaration or dissimulation of information within the above application will have as a consequence its rejection, the penal prosecution of responsible persons according to the article 42 or 220 of the Penal Code and the revocation of every valid aviation licence or Medical Certificate by the Hellenic CAA.

(4) European Commission Regulation (EU) No. 1178/2011 as amended requires that an individual has all of their licences 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 rejected.

B.

Επιπρόσθετες πληροφορίες σχετικά με την αίτησή σας/Additional information concerning your application:

Ο / Η Δηλών (ούσα)

Name of Applicant:

Υπογραφή

Signature:

Ημερομηνία

Date:



Applicant's Licence No.:

For prof.check (revalidation/ renewal) only: Instructor and ATO signature is not required

Instructor last name: _____ first name: _____
 licence number: _____ signature of flight instructor: _____
 The ATO confirms having trained the candidate acc. its approved syllabus and tested him to be ready to pass the assessment of competence.
ATO name: _____ registration number: _____
 name of chief flight instructor: _____ licence number: _____
 location & date: _____ signature of chief flight instructor: _____

1 Details of flights

date: _____ type of helicopter: _____ registration: _____ TR: _____
 departure/destination/routing block-off: _____ block-on: _____ block time: _____ # of landings: _____

2 Result of skill test *delete as necessary Applicant's signature

passed* failed* partial passed*

3 Remarks

Examiner last name: _____ first name: _____
 examiner authorisation: _____ licence number: _____
 location and date: _____ signature of flight examiner: _____

Assessment of competence items:

Section 1a		Longbriefing	
		pass	fail
a	Construction and structure of lesson		
b	Instructional technique and method		
c	Technical knowledge		
d	Use of models and aids		
e	Clarity of explanation and speech		
f	Student participation		
please delete as necessary		passed	failed
		examiner's signature	



Applicant's Licence No.:

Use of checklist, airmanship, A/C limitations must be respected in all sections

Section 1b				Theoretical knowledge oral
		pass	fail	
a	Air law			
b	Aircraft General Knowledge			
c	Flight Performance and Planning			
d	Human Performance and Limitations			
e	Meteorology			
f	Navigation			
g	Operational Procedures			
h	Principles of Flight			
i	Training Administration			
please delete as necessary		passed	failed	examiner's signature

Section 2				Pre-flight briefing
		pass	fail	
a	Visual presentation			
b	Technical accuracy			
c	Clarity of explanation			
d	Clarity of speech			
e	Instructional technique			
f	Use of models and aids			
g	Student participation			
please delete as necessary		passed	failed	examiner's signature

Section 3				Instruction flight
		pass	fail	
a	Arrangement of demo			
b	Synchronisation of speech with demo			
c	Correction of faults			
d	Helicopter handling			
e	Instructional technique			
f	General Airmanship/Safety			
g	Positioning; use of airspace			
please delete as necessary		passed	failed	examiner's signature



Applicant's Licence No.:

Use of checklist, airmanship, A/C limitations must be respected in all sections

Section 4		Other exercises	
		pass	fail
a			
b			
c			
d			
e			
f			
g			
please delete as necessary		passed failed	examiner's signature

Section 5		Multi-engine exercises	
		pass	fail
a	¹ Actions following an engine failure shortly after take-off		
b	¹ A single engine approach and go around		
c	¹ A single engine approach and landing		
d			
e			
f			
g			
please delete as necessary		passed failed	examiner's signature

¹ Exercises shall be demonstrated at the skill test for the single-pilot multi-engine instructor rating



Applicant's Licence No.:

Use of checklist, airmanship, A/C limitations must be respected in all sections

Section 6		Instrument exercises	
		pass	fail
a			
b			
c			
d			
e			
f			
g			
please delete as necessary		passed failed	examiner's signature

Section 7		Post flight briefing	
		pass	fail
a	Visual presentation		
b	Technical accuracy		
c	Clarity of explanation		
d	Clarity of speech		
e	Instructional technique		
f	Use of models and aids		
g	Student participation		
please delete as necessary		passed failed	examiner's signature

NON HCAA EXAMINERS SELF DECLARATION:

I hereby declare that I, * _____, have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in version** _____ of the Examiner Differences Document.

*Name examiner **Insert document version i.e. 01 – 2014

Date.....Signature of examiner.....