

**APPLICATION FOR STRUCTURED ON THE JOB TRAINING AND
ON THE JOB TRAINING PROGRAMME APPROVAL**

(In accordance with (EU) 1321/2014 Part 66 as amended by (EU) 2023/989)

Organisation Details:

1. Name:
(as referred in the certificate)
2. EASA or Member State Part 145 approval reference:
3. Organisation address:
(Full postal address)
4. Contact – Focal Point:
(Name and function of the responsible person)
5. Contact email address:
6. Details of other Organisation (sub-contractor) involved
in the SOJT process under the involved in the SOJT
process under the responsibility of the applicant:
(these Organisations shall be also approved by the HCAA)

SOJT training Details

7. Type(s) and category(-ies) requested:
(Mention all particular types and categories)
8. SOJT logbook reference(s):
(Logbook for each requested type and category)
9. Location(s) where the SOJT will be performed:
(Refer to all locations for each type and category requested)

Attachments

- a) Organisation Part-145 certificate and approval schedule.
- b) SOJT procedure.
(Include the MOE or separate procedure for performance of the SOJT as well as qualification procedure for mentors and assessors)
- c) SOJT logbook(s).
(Logbook for each type and category requested, may be combined for different categories when the procedure clarifies the accomplishment)
- d) List of SOJT mentors (for each type and category).
- e) List of SOJT assessors (for each type and category).

Declaration

The undersigned hereby declares that:

The information contained in this application form and the attached documents is true and correct with respect to current revision of organisation documents and procedures.

The HCAA may decide to perform on-site audit before the approval or during performance of the SOJT or during the assessment. Any related costs shall be borne by the applicant.

Any findings related to the SOJT identified by HCAA before the approval shall be rectified before the start of the course.

Any findings related to the SOJT identified by HCAA during the audits shall be rectified within the given time schedule. In case of Level 1 finding the course can be invalidated.

Signed on behalf of:
(Organisation Name)

Name:

Title/position:

Place and date:

Signature:

Notes to the applicant

- *This application is for use by Organisations intending to provide Structured On the Job Training for holders of Hellenic CAA Part 66 AML holders.*
- *The organisation providing training shall hold approval according to (EU) 1321/2024 Part 145 or Part CAO.*
- *The type of the aircraft shall be listed in the approval schedule and MOE capability list.*
- *The training and the training programme shall be approved by the HCAA before the start of the training.*
- *An incomplete application (including attachments) will not be considered.*
- *The submission of the application does not mean that the SOJT will be approved by HCAA.*
- *According to Hellenic Republic applicable law the application shall be examined within two months from the date received. Be sure you have applied in time!*
- *The application shall be sent to info@hcaa.gov.gr*

When you receive the approval, you shall:

- *Inform HCAA on the dates when the SOJT takes place.*
- *Sent to HCAA list of persons participating in the SOJT.*
- *Allow the HCAA inspectors to audit the training.*