

AUTHORIZATION
For Submission/Receiving Application/License from
Hellenic Civil Aviation Authority

The undersigned person

SURNAME:	
FIRST NAME:	
date/month/year BIRTH DATE:	
ADDRESS:	
ID / PASSPORT NUMBER.:	
(ID / PASSPORT NUMBER) DATE OF ISSUE:	
AUTHORITY/ ISSUING COUNTRY:	

I AUTHORIZE

The person Below

SURNAME:	
FIRST NAME:	
date/month/year BIRTH DATE:	
ADDRESS:	
ID / PASSPORT NUMBER.:	
(ID / PASSPORT NUMBER) DATE OF ISSUE:	
AUTHORITY/ ISSUING COUNTRY:	

In order to (use (x) in the box for authorization case)

<input type="checkbox"/>	Submit the application with all the required documents on my behalf via email
<input type="checkbox"/>	Deliver the valid license on my behalf
<input type="checkbox"/>	Receive the new license from the HCAA Secretary on my behalf

Date:/...../20....
Date/Month/Year

Certificate of authenticity of the signature*

Signature:

*recognized by the competent Greek consular authority if it is a foreign citizen